YOUR Baby

THE TOP TEN TOT WEBSITES & APPS

ISSUE 216 MAY/JUNE 2015
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BEAT THE BUGS
KEEP YOUR FAMILY HEALTHY THIS WINTER

TALKING TONSILS
SHOULD THEY STAY OR GO?

MAKE CLOTH NAPPIES WORK FOR YOU

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WHAT THE DIETICIANS FEED THEIR KIDS

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MUST READS

May/June 2015

16

ON THE COVER

44 What the dieticians feed their children

48 Make cloth nappies work for you

60 Raise a creative child

64 Beat the bugs
Keep your whole family healthy this winter

86 Talking tonsils
Should they stay or go?

88 10 of the best websites and apps for toddlers

90 Comfort objects
Is it time to ditch them?

114 'I successfully breastfed my adopted daughter'

OTHER HIGHLIGHTS

20 Healthier family favourites
Comfort foods packed with nutrients

28 Toddler fashion
The cutest winter pyjamas around

38 Normal or not?
When those symptoms could indicate something serious

56 Behind the tantrums
Why they're actually a healthy part of your toddler's development

82 Too much sugar?
How to cut out the sweet stuff in your toddler's diet – and why you should



Happy Mother's Day! Purity & Elizabeth Anne's spoilt our cover baby with a gorgeous hamper!





Cover Sophia-Lily Ashton from Pulse Model Management **Photographer** Emielke **Stylist** Joanita Cillie **Clothes** Cardigan from Zara (021 446 8700), beanie from Keedo (www.keedo.co.za) and rug from Mr Price Home (www.mrphome.com)

Jenny Collins, Editor

WELCOME

The colder weather has arrived and with it the dreaded runny noses. Sometimes I think if we could figure out how to turn snotty noses into an energy source, our Eskom problems would be behind us. Every year we focus on colds and flu around this time and the same message consistently comes up: wash your hands regularly and teach your children to wash their hands regularly. Is keeping the dreaded lurgy at bay really as simple as all that? Probably not for smaller kids as their new immune systems take the worst beating, but it's not a bad habit to instil and can dramatically cut down on the spread of germs. Read our dossier on page 63 for more tips and advice. And please don't be scared of getting professional help. I see lots of moms on social media reluctant to take their kids to the doctor, whether it's to save some money or because they don't believe their child is sick enough, or they think the babies need to fight it off themselves to help their immune system – only to discover they are very ill and could have and should have been helped a week ago. We all do it. But even if your tot isn't all that sick, remember how awful you feel when you are ill. A doctor can recommend other treatments to help ease the symptoms so don't hesitate to get help. Other great reads include advice for extended breastfeeders, cloth nappies: they may be a great choice for you; and family comfort foods made healthier. Enjoy the issue everyone and stay warm.

Jenny

COME AND CONNECT WITH OTHER MOMS

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loving this 110

PHONE FREE?

It's time we were honest with *ourselves* at least about how much phone time we have around our kids so this mom's real life account of giving up her phone was refreshing. I am far too guilty of this and my kids have often told me to put it away when they see I am distracted. And of course we don't want our teens to be screen addicted either so now's the time to model phone-free behaviour.



YOUR Baby

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WINNING LETTER

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A SPECIAL BLESSING

My husband and I have two lovely little boys, but we have always dreamed of having a baby girl – girls are quite a rarity on both sides of the family. After quite some time of hoping and trying, our dream came true and our daughter was born 14 months ago. She is our angel and our home feels complete with her. She is so precious and she fulfils our dreams. I cannot stop watching her play and learn how to walk and talk. She still brings a smile to my face. I always feel bad when I see or hear about parents who neglect and abuse their babies. I wonder what kind of human beings they are to do that to their little angels who need love to grow. As parents, we play a huge role in protecting our children against all odds. Children are very fragile and vulnerable, but they are our pride so we must all treat them with love and care.

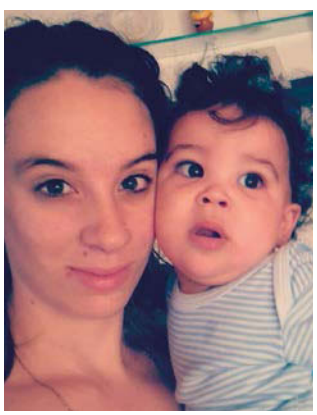
MATLOU MOKWELE

R500 BABY CITY GIFT VOUCHER GOES TO THE BEST LETTER EACH MONTH. SO SHARE YOUR VIEWS ON PARENTING, AND YOUR STORY COULD MAKE YOU A WINNER!

A RACIAL NON- ISSUE

Why do you think so many people out there judge a mixed race couple? We have a gorgeous baby boy, but because I am white and my partner is coloured, so many people we meet ignore his cuteness to make a racial comment. At least, that's been our experience. Initially neither of our parents supported our relationship – purely because of racial differences – but as the years passed, our parents learnt to tolerate us being together. We moved in together and decided to have a baby in 2014. Jordan was born in August and what a blessing he is – he has brought the whole family together in a real and special way. Those differences really don't matter anymore. But when we're out so many people feel like they have to make a comment, and I've often been told that my son is "disgusting" because his dad is coloured. It breaks my heart. We are all just people, and my little boy is beautiful and special. It shouldn't matter what anyone's skin colour is – least of all my son's.

CLARISSA NEWMAN



BUT WHAT ABOUT MY CHILDREN?

When my ex-husband married his new wife, I took it quite hard. And when they announced they were expecting a baby soon after, my world fell apart for a bit. I really struggled to handle those feelings of rejection, and I worried what the new baby would do to my children's relationship with their father. After all, they only see him every second weekend, and this new baby would be by his side all the time. His new family would take priority for him. Your article on this issue (*When Your Ex is Expecting*, Mar/Apr 2015) really came at the perfect time for me! I'm still feeling a little sad and I'm never going to stop worrying about my children, but at least now I have some kind of a plan. I've been able to have a real chat with my babies (who are three and five) and explain what's going on and how things may change. I've been able to talk about things with their father. Overall, I feel a lot better about this big change.

ANEESA SHAH

TODDLER TANTRUMS ARE FOR THE BIRDS

I just cannot deal with my toddler's mood swings anymore! Gone is the sweet, loving child of the past – it feels like he's been replaced by a monster. Every day brings with it at least three tantrums, and each tantrum is sillier than the last. He cries over everything these days – what colour his pyjamas are, how I cut his sandwiches, getting into the bath (and then getting out of the bath), the list is endless. I've tried everything I can think of to make him stop: time-outs, shouting, smacking, and more. Is every toddler like this, or is mine just especially moody?

MAPULE NDIMANDE

ED'S NOTE *THOSE TODDLER TANTRUMS ARE TRYING AT THE BEST OF TIMES! BUT THEY ACTUALLY HAVE A REAL PURPOSE, WHICH YOU CAN READ ABOUT ON PAGE 56.*

RAISING MOM

What an amazing feeling it is to be a mom! During my pregnancy all I could focus on was the huge responsibility of bringing up a child. I spent countless nights lying awake and worrying about what kind of a mom I'd be, and how I'd raise a happy and successful

TWEETS WE ♥ LOVE

Is there anything slower than a four-year-old old getting in or out of a car when you are in a rush?
@ROBVANVUUREN

Having an infant son alerts me to the fact that every man, at one point, has peed on his own face. #awesome
@OLIVIAWILDE

The scent of newborn baby always make me feel calm.
@FUTURE_VET_CHO

MOM'S TIP USE A LINT ROLLER TO PICK UP ALL THAT LEFTOVER GLITTER AFTER ARTS AND CRAFTS TIME. IT GETS ALL THOSE BITS OF GLITTER AND YOU DON'T HAVE TO WASTE TIME SWEEPING. ***SIMONE CLARKE***



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child in this scary world of ours. Now that my beautiful daughter has arrived and I'm really a mom, I know that no amount of worrying is going to take away from the fact that all I can do is be the best mother I possibly can. With all the guilt and uncertainty that comes with parenting, I think we often forget what it's all about – our little bundles of precious joy. It's really not about how I do as a mom, or what mistakes I make (and there will be many!). It's about my daughter knowing that she is loved no matter what, that she always has a safe place where is accepted for exactly who she is. That is what parenting means to me.

OLWETHU MOPHANYA

AGAINST THE ODDS

After our first son was born we thought that falling pregnant again would be easy – but only after seven years of trying did we get that positive pregnancy test. Sadly, eight weeks into the pregnancy the baby stopped growing and died. We were heartbroken and just couldn't believe that this was happening after waiting so long for a baby. But we kept on trying and eight months after losing our little baby I was pregnant again. Our happiness was cut short when at eight weeks I experienced bleeding. After consulting the doctor I was put on bed rest, as he did not know what was causing the bleeding. At 11 weeks the bleeding started again and we thought we were going to lose this little baby too. After more bed rest all the problems stopped, and everything started going well until 31 weeks. During a baby care seminar it felt like I had wet myself, but when I went to the bathroom it was blood – and a lot of it. I called out for my husband that something was very wrong and the people at the seminar helped us to get to hospital. I was in preterm labour and it didn't look good for our tiny baby. They managed to stop the labour and I spent a week in hospital before being sent home for more bed rest. We made it to full term before our baby boy was born, but he was immediately put into the NICU because he had fluid on his lungs. It was a miracle when we took our boy home after four days in the NICU. After a bout of neonatal jaundice at three days and an allergy scare at four months (he's allergic to eggs, which he was exposed to through my breastmilk), we can finally say that our little boy is a happy and healthy eight-month-old today. We truly believe he is our angel sent to us from above.

TANYA DE BEER

TWEETS WE ♥ LOVE

Every morning find a way to get your child to begin their day feeling loved and empowered. **@GMPARENTS**

Share responsibilities with your partner. You both get to sleep that little bit longer and baby learns to settle for you both. #babysleep **@CARO_MAD**

Not everything will go as you expect in your life. This is why you need to drop expectations and go with the flow of life. #MommyHood **@MOMS_HOOD**

Really enjoying the toddler singing it *Let It Go* beside the businessmen discussing "client relationship boundaries" **@ALICEJRSTRIDE**

Parenting tip: when running on a treadmill and you smell a full nappy, making the decision to keep running for 35 minutes is painful later on… **@FEZ_SPENCER**

AN UNEXPECTED LITTLE MIRACLE

I fell pregnant early last year and both my boyfriend and I were shocked. We hadn't planned on it at all, and he decided to leave a few months in because it was all too much to deal with. I almost gave up myself, but when you have a tiny person growing in you, you have to think about more than just yourself. Things were hard for a really long time but three months into motherhood and I can tell it's all going to work out just fine. I love my little guy to pieces and would do anything for him! I know I can and will make single motherhood a success.

ZUKISWA NKWANYE

DADS CHANGE THE NAPPIES TOO

Has anyone noticed there are no baby changing stations that dads can use in public spaces? They're all situated in the ladies bathroom! I wouldn't want to take my baby into the men's rooms – those urinals are gross – but I have nowhere to go when I have to change a nappy. Maybe we can have separate ones that are open to all?

RIDWAAN MAJAL

MOM'S TIP

I USE PAPER AND A PEN TO TRACE AROUND MY TODDLER'S FEET WHENEVER IT'S TIME FOR NEW SHOES. I THEN TAKE THIS PIECE OF PAPER WITH TO THE SHOPS AND LEAVE MY SON AT HOME WITH HIS DAD. THIS WAY, I GET TO LOOK FOR A GOOD PAIR OF SHOES THAT FIT HIM WITHOUT HAVING TO PUT UP WITH ANY MOANING AND GROANING AS WE GO FROM STORE TO STORE. ***LUNGILE SKOSANA***

RULES FOR COMPETITIONS, SUBSCRIPTION AND GIVEAWAY PAGES **1** The prize will be awarded to the first correct entry drawn at random. **2** The competition is only open to readers in South Africa. **3** The judges' decisions are final and no correspondence will be entered into. **4** Staff members of Media24, as well as their advertising, PR, and digital agencies, and their immediate family members, may not enter. **5** Entries must reach us by 30 June 2015. **6** Prizes are not transferable and cannot be exchanged for cash. **7** The winner will be contacted by the sponsor to arrange delivery of the prize. **8** Winners will appear on www.yourparenting.co.za 15 days after the competition has closed. **9** Entry into the competition constitutes acceptance of the conditions. **10** Discounts and gifts only available to subscribers with a South African postal address. **11** Prizes must be claimed within 12 months of the competition date or forfeited. **12** Subscription gift promotion not valid in conjunction with Vitality offer. **13** The Vitality subscription offer is only for active Vitality members. **14** Please allow six to eight weeks for delivery after the offer closes. **15** By entering a competition, you agree to receive further communication and direct marketing material from Media24 (Ltd).

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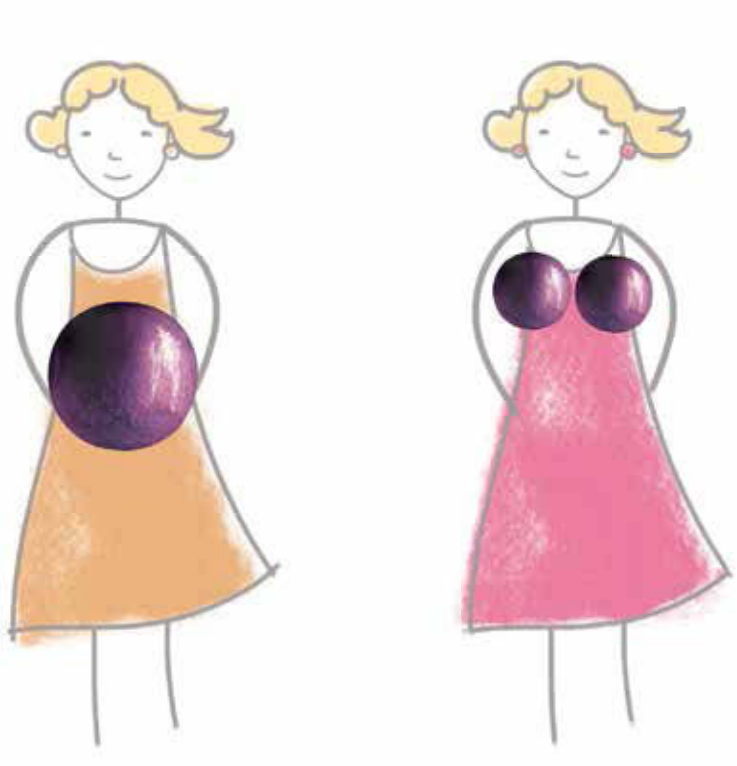
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SHAUN THE SHEEP R249 Leading toy retailers

DAD'S CORNER



Two-day-old Meekha Pillay is safe and sound in her daddy Sanjay's arms

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CLICKS

CELEBS ARE MOMS TOO

Even while living the glitz and glam that fame brings with it, these famous women experience motherhood just like the rest of us…

"Motherhood has changed everything for me, of course. I'm a lot braver and I'm more secure, I have more purpose. I feel like you see things a bit differently after you give birth and my biggest job is to protect her. And at the same time, there's a moment after giving birth of rediscovering who you are and making sure you still have your goals and that you still take care of yourself as a woman." *Beyoncé, mom to Blue Ivy*

"My favourite thing about being a mom is just what a better person it makes you on a daily basis. It's definitely a different way to live and a much better one." *Drew Barrymore, mom to Frankie and Olive*

"The amazing thing about becoming a parent is that you will never again be your own first priority. The gift of motherhood is the selflessness that it introduces you to, and I think that's really freeing… I think it allows you to put yourself in other people's shoes… the empathy that it slugs you with, being a mother. And I think it makes you a better storyteller." *Olivia Wilde, mom to Otis*

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With the statistics showing that one South African child goes missing every five hours no one can afford to turn a blind eye. Keep track of your child's whereabouts with the BeLuvv Guardian, a low energy Bluetooth device that you strap onto your child's arm and connect to your cellphone through the BeLuvv app. If your child wanders too far away from you, your phone alerts you. The Co-Guardian feature allows friends and family members to also connect to the BeLuvv Guardian via the BeLuvv app. And if the unthinkable happens and your child does go missing, the Global Network is activated where the BeLuvv app from fellow BeLuvv users around the world is used to scan for that child – helping you see where your child was last seen. The device comes in a variety of colours for R499 on www.beluvv.co.za (free delivery, no monthly fees).

HISTORY ON ICE

Take the family on a trip to the distant past at the Ice Age Exhibition at Sandton Convention Centre from 20 June. Brought to you by *You*, *Huisgenoot* and *Drum*, and the same creators of the world-renowned Days of the Dinosaur exhibition, the Ice Age display will include 45 moving, life-sized animals – including the exhibition favourite, a gigantic mammoth – as well as 11 models in an interactive zone that are sure to delight younger visitors. Doors open to the public on Saturday 20 June 2015 at 9am and the exhibition will be open for seven weeks only. Visitors are encouraged to book their tickets early to avoid disappointment. Bookings can be made via Computicket at www.computicket.com. For more information, visit www.theiceage.co.za.



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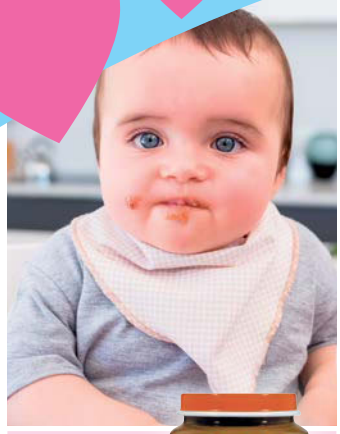
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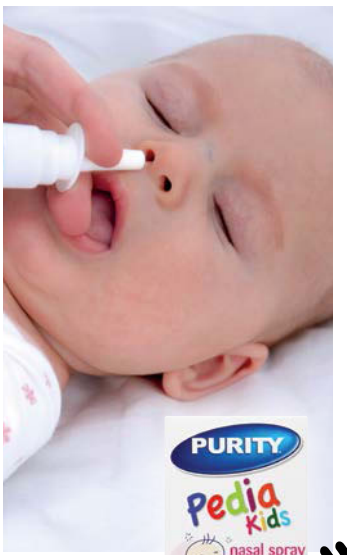
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RECIPES AND STYLING ZISKA BAUMGARTEN
PHOTOGRAPHY NEIL KIRBY

Some dishes just remind you of your childhood and you want to recreate them for your family, but you want to make sure your children eat healthy, nutritious food too. We've given some family favourite recipes a health makeover, so you can make your childhood meals for your family – only better



GRILLED BROWN MUSHROOM BURGERS WITH SWEET POTATO CHIPS

500g beef mince
½ onion, grated
1 egg, lightly whisked
1 teaspoon Dijon mustard
2 tablespoons olive oil (for frying)
2 large brown mushrooms per person
¼ cup olive oil
To serve:
lettuce, sliced tomato, gherkins, mayonnaise
salt and pepper to taste

To make the burger patties, combine the mince, onion, egg and mustard in a large bowl (using your hands to mix well). Season with salt & pepper and shape into 4 large patties. Heat two tablespoons olive oil in a large pan and fry the burger patties until brown on both sides (about 4 minutes per side). Set aside till needed. To grill the mushrooms, preheat the oven to 220°C. Place mushrooms on a baking sheet, sprinkle with a little salt & pepper and drizzle oil over. Bake for 20 minutes. To assemble, place a mushroom on each plate, top with a lettuce leaf, slice of tomato, sliced gherkin and a dollop of mayonnaise. Add burger patty and cover with another mushroom.

→ GRAIN FREE, SUGAR FREE, DAIRY FREE, LCHF & PALEO FRIENDLY (IF USING OLIVE OIL MAYONNAISE)

CRISPY BAKED FISH FINGERS

300g firm white fish (like hake), cut into strips
juice of half a lemon
1 cup semolina
1 egg, lightly beaten
¼ cup olive oil
Lemon wedges to serve
salt and fine white pepper to taste

Preheat the oven to 200°C. Place fish strips on a clean cutting board and drizzle lemon juice over. Line a baking sheet with baking paper and mix the semolina with a little salt and pepper on this. One by one, dip the fish strips into the egg, then roll in the semolina mixture until well coated. Repeat with all the pieces of fish. Drizzle with olive oil and bake for 15 minutes, turning half way through cooking.

→ **THE FISH FINGERS ARE LOW IN FAT BECAUSE THEY'RE BAKED RATHER THAN FRIED.**

TO SERVE
Serve with steamed broccoli and a little tartar sauce for dipping. For a quick tartar sauce, stir together 2 tablespoons mayonnaise, 1 teaspoon finely chopped gherkins, 1 teaspoon finely chopped capers, 1 teaspoon finely chopped spring onion.



BABY MARROW SPAGHETTI BOLOGNAISE

For the Bolognaise sauce:
2 tablespoons olive oil
1 onion, chopped
1 clove garlic, crushed
2 ribs celery, chopped
2 carrots, peeled & grated
1 apple, cored & grated
500g beef mince
½ cup sundried tomatoes
1 cup chicken stock
1 tablespoon tomato paste
1 tablespoon dried oregano
a small bunch fresh basil leaves, chopped (or 1 tablespoon basil pesto)
For the baby marrow noodles:
6 large baby marrows, washed and ends trimmed
1 tablespoon olive oil
grated Parmesan cheese to serve

To make the Bolognaise sauce, heat the olive oil in a large pot and fry the onion until light golden brown. Add the garlic, celery, carrots and apple and fry a few minutes more. Remove the vegetables and cover with a dish cloth till needed. Now brown the mince in batches until cooked through. Return the vegetables to the pot and add the sundried tomatoes, chicken stock, tomato paste and herbs. Cover and let simmer for 30 minutes.

In the meantime make the baby marrow "spaghetti" by cutting the marrows with a julienne slicer. Otherwise, cut lengthways into thin strips (about 2mm thick), then cut each slice into strips (you should get five or six strips out of each slice). Heat a little olive oil in a pan over high heat and flash fry the noodles – two minutes tops. Remove from heat and pile onto serving plates. Top with Bolognaise sauce and serve with a sprinkling of grated Parmesan cheese.

→ **GRAIN FREE, SUGAR FREE, DAIRY FREE, LCHF & PALEO FRIENDLY (IF YOU LEAVE OUT THE CHEESE) THIS BOLOGNAISE SAUCE IS PACKED WITH VEGGIES – A GOOD WAY TO GET YOUR KIDDIES TO EAT THEIR FIVE A DAY WITHOUT EVEN KNOWING IT.**



TIP

Leave out the salt when you're cooking for your family and let the grownups add their own to the food on their plates after you've dished up. That way baby can eat what the family is eating and you don't have to worry about too much salt in her diet.



CAULIFLOWER MAC & CHEESE

2 heads of cauliflower, broken into florets
1 cup water
4 tablespoons butter
2 spring onions, thinly sliced
¼ cup flour
½ teaspoon mustard powder
2 cups milk
2 cups grated cheddar cheese (or use gouda for a milder taste)
salt and black pepper to taste

Preheat the oven to 180°C. Place the cauliflower and water in a large pot, cover with lid and bring to the boil. Reduce the heat and let the cauliflower cook for about ten minutes. In the meantime make a cheese sauce. Melt the butter in a medium-sized saucepan. Add the spring onions and fry gently for a few minutes. Stir in the flour until it forms a smooth paste and then add the milk a little at a time, stirring all the time (use a balloon whisk to avoid lumps forming). Stir until the sauce thickens, about eight minutes. Remove from heat and stir in half the cheese. Drain the cauliflower well and add to the cheese sauce. Transfer to an ovenproof dish (or use ramekins for individual servings) and sprinkle the rest of the cheese over. Bake for 20 to 30 minutes, or until the cheese is melted.

→ GRAIN FREE, SUGAR FREE, LCHF SUITABLE

COTTAGE PIE WITH CAULIFLOWER MASH

1 tablespoon olive oil
1 onion, finely chopped
1 clove garlic, crushed
2 carrots, peeled and coarsely grated
500g beef mince (or minced lamb for a shepherd's pie)
2 tablespoons tomato paste
½ cup chicken stock
1 tablespoon Worcestershire sauce
2 teaspoons fresh rosemary leaves, chopped
1 teaspoon fresh thyme, chopped
¼ cup frozen corn kernels
¼ cup frozen peas
For the cauliflower mash:
1 head cauliflower, broken into florets (use the stalks too)
½ cup water
½ cup low fat cream cheese
salt and fine white
pepper to taste



Preheat your oven to 200°C. Heat half the oil in a large pot over high heat. Brown the onions in the oil, then add the garlic and carrots and fry for a few more minutes. Remove the vegetables from the pot and cover loosely with a kitchen towel until needed. Heat the rest of the oil and brown the mince. Return the vegetables to the pot of mince and stir through. Now add the rest of the ingredients and bring to a boil. Lower the heat, put a lid on and let simmer for 20 minutes. To make the cauliflower mash, put cauliflower florets and water into a medium pot. Cover and bring to a boil, then reduce heat and let simmer for 15 minutes or until the cauliflower florets are soft (test with a fork). Remove from heat and drain off any water. Add cream cheese and mash using a potato masher or hand blender. Season to taste. Transfer meat to a baking dish, cover with cauliflower mash and bake in preheated oven for 20 minutes, or until cauliflower mash topping is golden.

→ **GRAIN FREE, SUGAR FREE, LCHF & PALEO FRIENDLY (TO MAKE IT SUITABLE FOR PALEO REPLACE THE CREAM CHEESE IN THE CAULIFLOWER MASH WITH CASHEW NUT BUTTER AND A SQUEEZE OF LEMON JUICE)**

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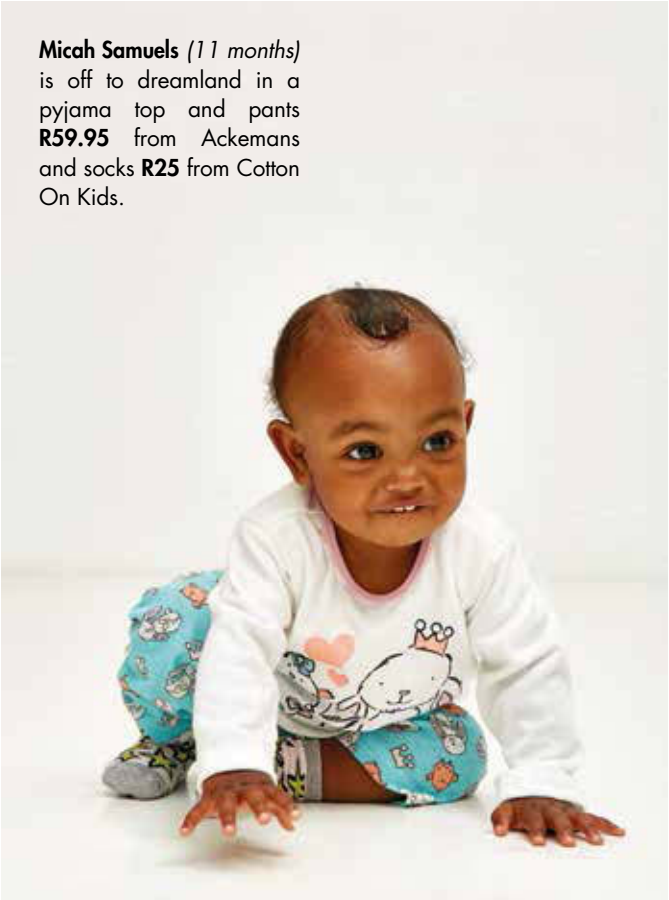
Snug sleeptime has bever been cuter





Eli Thomas *(one)* is ready for bed in a pyjama set **R39.99** and slippers **R29.99** from Pep. The striped blanket **R99.95** is from Ackermans and the dinosaur toy **R49.90** from Game.

Micah Samuels *(11 months)* is off to dreamland in a pyjama top and pants **R59.95** from Ackemans and socks **R25** from Cotton On Kids.



Orion Kunneke *(two)* gets comfy in a fleece top and bottoms **R79.99** from Mr Price and hairclips **R69** from Cotton On. The bunny is her own.





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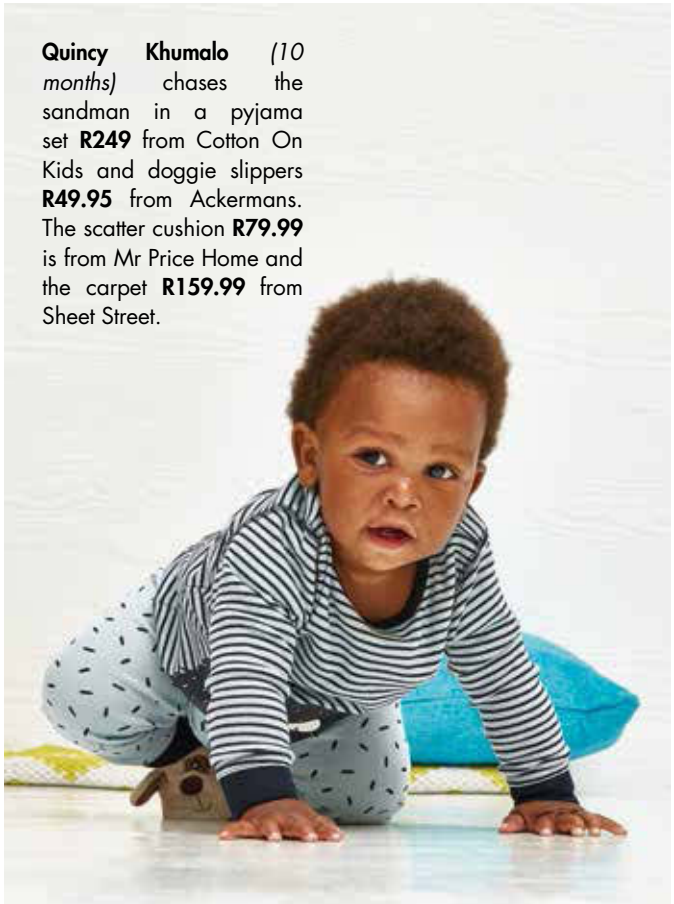
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Orion looks snug in a polka dot pyjama top and tights **R130** by George, available from Game. Her printed heart gown **R59.95** and slipper boots **R89.95** are from Ackermans. She sits on a grey comforter set **R229.99** from Mr Price Home and colourful floral comforter set **R249.99** from Pep.



Quincy Khumalo *(10 months)* chases the sandman in a pyjama set **R249** from Cotton On Kids and doggie slippers **R49.95** from Ackermans. The scatter cushion **R79.99** is from Mr Price Home and the carpet **R159.99** from Sheet Street.



Eli settles down in a pyjama set **R99.95** and slippers **R64.95** from Ackermans. The scatter cushion **R159.99** and chair **R79.99** are from Mr Price Home, and the blue fleece blanket **R89.99** is from from Sheet Street.



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A DREAM IS A WISH YOUR HEART MAKES WHEN YOU'RE FAST ASLEEP

Quincy scoffs at bad dreams in a pyjama onesie **R110** (part of a set of two) from George, available at Game. The navy crochet pouffe he rests on **R799.99** is from Mr Price Home.



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Eli is ready for happy ZZZs in pyjamas **R249** from Cotton On and a hooded 3D pirate blanket **R149.95** from Ackermans.



Micah is ready for bed in a pyjama set **R49.99** from Pep and Hello Kitty gown **R129.95** from Ackermans. The red pillow **R99.99** is from Mr Price Home.



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- **COMMON BABY SKIN PROBLEMS** How to deal with cradle cap, eczema, nappy rash, thrush, milia, and more
- **Q&A** Recognising and treating with experts

PART 2: HEALTHY SKIN

- **KEEPING BABY'S SKIN HEALTHY ALL YEAR ROUND** – from winter oils to summer sun protection
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PART 3: BABY'S SKIN

- **BABY'S SKIN** Why it's so different to ours
- **TRIGGERING A SKIN PROBLEM** – how to prevent one, how to recognise one

BROUGHT TO YOU BY: Johnson's baby

TRIGGERS OF SKIN PROBLEMS

Sun, wind, pollutants and just plain everyday life all take their toll on that delicate baby skin

Babies are not little adults, and the vast differences between their skin and ours reflects this. Babies' skin is marginally thinner than that of adults, and it has a higher surface pH, which acts as a protective barrier and should be disturbed as little as possible to avoid develpoing skin problems.

In the first few months of their lives, babies are making the huge transition from the gentle liquid environment of the womb to the much harsher and drier outside world, and their very delicate skin can take strain.

Although toddlers' skin is a little more robust, it can still be damaged by unsuitable products or coarse fabrics.

ECZEMA

This dry, itchy skin condition usually appears for the first time before the child is 2 years old. "Acute eczema presents as areas of redness and flakiness with tiny blisters which may not be visible to the naked eye," says Dr Hanif Omar, a Cape Town-based dermatologist. Although eczema is not curable, most children grow out of it.

HOW TO RECOGNISE IT

Dry, itchy, red and cracked skin that sometimes oozes fluid or even bleeds. "Persistent scratching can result in thickening and colour change, which leaves the skin looking leathery," says Dr Omar. Areas most affected are hands, face, neck, elbows and knees (back).

WHAT TRIGGERS IT

It's not known for sure but genetics may play a role. "Contact irritants such as soaps, solvents, wool clothing, detergents, preservatives and perfumes are common triggers of eczema," adds Dr Omar. "And skin infections, even if localised to a small area, can exacerbate eczema. In some instances a food allergy may play a role."

> "CONTACT IRRITANTS SUCH AS SOAPS, SOLVENTS, WOOL CLOTHING, DETERGENTS, PRESERVATIVES AND PERFUMES ARE COMMON TRIGGERS OF ECZEMA"

Image: Jupiter Images

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HOW TO TREAT IT

Keeping your child's skin moisturised is vital. "Bath your child in lukewarm water using aqueous cream as soap; avoid using standard bubble baths and harsh soaps," suggests Dr Omar. Mild flare-ups can be treated with an emollient lotion, cream or ointment. More serious cases may require a steroid cream or ointment, which a doctor must prescribe.

HOW TO PREVENT IT

Breastfeeding exclusively for at least four months may help to protect your baby against eczema and other allergies. Keep your baby's nails short to prevent scratching.

WHEN TO SEEK HELP

If your child's scratching results in infected patches of eczema, see a doctor – she may need an antibiotic cream or oral medicine. "For children with repeated skin infections, bleach baths prescribed by a dermatologist may be helpful," says Dr Omar.

NAPPY RASH

Nappy rash is a very common dermatitis that affects a baby's buttocks, genitals and thighs.

HOW TO RECOGNISE IT

Red, raw looking skin on the buttocks, genitals and thighs, or skin that looks tight and papery, or shiny and bright red. A fungal nappy rash may be fiery red with tiny pus-filled pimples. "The folds in the nappy area where irritants are not in contact with the skin are often spared," Dr Omar points out.

WHAT TRIGGERS IT

The hot, humid environment inside a baby's nappy encourages continuous irritation of the skin in the groin region. Urine and stools left too long in contact with the baby's skin is the most common cause.

HOW TO TREAT IT

Protect the skin with a barrier cream applied to dry, unbroken skin.

HOW TO PREVENT IT

Change your baby's nappy regularly and let him go without a nappy as often as possible. Make sure you dry him gently but thoroughly, including in all his skin folds, after his bath. Don't use baby wipes that contain alcohol.

WHEN TO SEEK HELP

If there's no improvement in the condition after four days of home treatment, take your baby to a doctor.

HEAT RASH

Heat rash, which often appears when your child overheats in hot and humid weather, is also known as prickly heat or miliaria.

HOW TO RECOGNISE IT

"Heat rash usually presents as fragile, clear, tiny, superficial blisters, most commonly on the head, neck and upper trunk," says Dr Omar. "Another form is uniform

Top buy for dry skin



JOHNSON'S® Baby Fragrance Free Aqueous Cream is suitable for extra sensitive skin prone to allergies. It can be used at bath time as a non-drying cleanser or as a nourishing moisturiser afterwards.

Baby's skin needs extra moisture



Because a baby's skin is up to 30 percent thinner than your own and loses moisture faster, it is more prone to dryness. A few drops of **JOHNSON'S® Baby Oil** in the bathwater will help prevent moisture loss. And after bath, a loving massage with **JOHNSON'S® Baby Oil** will help seal in moisture and protect the skin barrier. Allergy and dermatologically tested, suitable for sensitive skin.

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JOHNSON'S® Baby Extra Sensitive Wipes have a soap and alcohol free formula that cleanses gently and effectively helps protect against the causes of nappy rash. The wipes are enriched with moisturising lotion and designed to protect the skin barrier and support its healthy development.



red itchy pimples in the neck, armpits and groin."

WHAT TRIGGERS IT

High temperatures. If your baby sweats so much that his pores clog and sweat can't get out, the rash develops - babies and young children are particularly prone to heat rash because their sweat glands aren't fully developed.

HOW TO TREAT IT

Cool the affected areas using cold, wet cloths, or give your baby a lukewarm bath or shower. Use calamine lotion if your baby seems irritable and cries when you touch his skin. Hydrocortisone cream may be prescribed by a doctor if the rash is severe.

HOW TO PREVENT IT

Don't let your baby overheat. Dress him in loose fitting clothes made from natural fibres that don't trap heat.

WHEN TO SEEK HELP

If the rash persists for longer than four days, or if your baby develops a fever, see a doctor.

Cool baby



Absorb excess moisture and perspiration and reduce chafing by up to 70 percent[1] with **JOHNSON'S® Baby Powder**. It also helps speed up evaporation, leaving the skin feeling cool and fresh. First sprinkle into your hand, then apply between the chubby folds of baby's skin to help keep him comfortable.

THRUSH

Thrush is a common and harmless yeast infection. It's most common in babies two months and younger, but it can appear in older kids.

HOW TO RECOGNISE IT

It looks like cottage cheese or milk curds on the sides and roof of your baby's mouth, and sometimes on his tongue. If you can't easily wipe off these white patches, or they bleed when you try, it's almost certainly thrush. "A nappy rash with infection by the same organism, called Candida, may occur simultaneously," Dr Omar says.

WHAT TRIGGERS IT

Yeast is a normal part of the digestive system, but when there's an imbalance, thrush may set in. Thrush can develop when hormonal changes right after birth trigger an overgrowth of yeast in your baby's mouth. Antibiotics can trigger thrush by killing off the good bacteria that keep yeast in check.

HOW TO TREAT IT

Thrush often clears up on its own in a couple of weeks but you can use an oral fungal medicine that your doctor will prescribe.

HOW TO PREVENT IT

If you're breastfeeding a baby with thrush, your doctor may recommend that you apply an antifungal cream to your nipples so that you and your baby won't pass the infection back and forth.

WHEN TO SEEK HELP

"Recurrent episodes of thrush in a child older than one year with no obvious cause should be assessed by a paediatrician," advises Dr Omar. **YB**

[1] Principles of Infant Skincare, a current Guide for Paediatric Healthcare. Professional Johnson & Johnson data on file.



WHAT'S NORMAL, WHAT'S NOT

BY LORI COHEN

As a mom you're more in tune with your baby than anybody else. But when there's a change in how he looks or acts, should you head for emergency room? Here are the most common signs for alarm

When baby gets sick it's easy – and natural – to jump to the most serious conclusions, but it's usually the severity of the symptoms themselves that show whether you should worry or not.

THE SYMPTOM

SNORING AT NIGHT

The average child in an urban setting can pick up as many as six upper respiratory tract infections per year – so it's most likely that the nasal discharge associated with a cold is what's causing a slight snuffle. "If the child has a clear nasal discharge, has a fever under 38°C, is still happy, alert and feeding well, there's no need to be concerned about the average cold or the snoring that's associated with it," says paediatrician Dr Stephen Higgs.

In infants under eight weeks you will need to clear their nostrils using saline drops or a nasal aspirator, as they cannot breathe through their mouths at this age. If your baby is older and snoring, he recommends you place him on his side to prevent his tongue from lying at the back of his throat.

→ WHEN TO WORRY

If you hear gaps in the snoring where there is no sound, your child is probably experiencing apnoea. This is usually related to enlarged adenoids or tonsils and will result in a drowsy and irritable child the next day. "If it's very pronounced it can lead to a rise in blood pressure in the lungs, so we do tend to take this quite seriously," says Dr Higgs. Your doctor may

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admit your child to hospital for the night to monitor how many apnoea episodes he has and the adenoids will likely be removed surgically.

THE SYMPTOM
PUFFINESS

The most common cause of a swollen face would be an allergy to something like egg or peanuts, says Dr Higgs. Puffiness could also be caused by an insect bite or sting, in which case it will usually be localised. Applying an antihistamine cream to the area in the case of a sting, or giving it orally if there was a reaction to something your child ate, should ease the symptoms. Let your doctor know about the incident for advice on the way forward.

→ WHEN TO WORRY

Any allergic reaction in a newborn should be considered a potential emergency – particularly if your baby becomes either very quiet or very agitated, runs a fever, begins to vomit after a feed, or won't feed. If he has an anaphylactic reaction – his face swells up, he develops a rash and he has difficulty breathing – head straight for the hospital! Swollen feet, hands and eyelids can also be an indicator of a heart condition or that your baby is suffering from heart failure. "It can also be an indicator of certain kidney conditions, although this is quite rare in a small child," says Dr Higgs.

THE SYMPTOM
A BLUE BABY

A baby that has blueish feet or hands may just be because they have been exposed to a cold environment – some cuddles and warm clothes should solve this.

→ WHEN TO WORRY

"If you have a child who is sick, with a high temperature, they can also have blue feet and hands," says Dr Higgs. The trunk, on the other hand may feel hot. This is one of the body's natural responses to try and bring down the temperature, and can be a sign of serious illness that needs to be monitored, says Dr Higgs.

If your baby begins to look progressively blue over the first few months of life, he may be suffering from a heart defect, says Dr Higgs. "This occurs when the red side of the circulation mixes with the blue side – in other words there is a leak in the heart or there are abnormal vessels," he says. Other warning signs to look out for are that baby tires easily, gets short of breath and has a fast pulse rate. Get help fast.

THE SYMPTOM
SLOW GROWTH

A baby that is not putting on weight in the first six months can commonly be attributed to feeding practices – especially if they are breastfed, says Dr Higgs. "Breastfed babies are lean compared to formula fed babies. They are often labelled as 'not gaining weight well' by clinic sisters, but they are healthy." Rather than weight, it is inadequate growth in a baby's height that is a much better indicator of normal growth, says Dr Higgs.

In the majority of cases of small babies Dr Higgs has seen, "they are small because they have small parents or small grandparents and are simply going to grow into similarly small people". Taking your baby for regular milestone checkups at your clinic or doctor, culminating in a full assessment when your child turns two, will raise any red flags.

→ WHEN TO WORRY

If your baby's height falls below the third percentile, you will likely be referred to a specialist. Medical causes for a baby not putting on weight or length can be related to a thyroid problem, heart disease or their endocrine system (such as a lack of production of human growth hormone). In the case of dwarfism, a condition that is very difficult to diagnose initially, a problem may only be confirmed when there is a shortening of the baby's arm and leg length. In this case, the baby will appear low in height on the clinic growth chart and will be noted by the clinic sister or doctor.

THE SYMPTOM
HEADACHES

In a child that's not yet verbal it's very difficult to confirm if they are suffering from a headache. Low energy, a poor appetite, unexplained crying and pulling on the ear may indicate that they are in pain. Abdominal pain, teething, an ear or urine infection would be the most common causes of unexplained crying.

→ WHEN TO WORRY

Headache or pain is an unusual symptom in small children but may indicate a serious illness such as meningitis (an inflammation of the membranes covering the brain) or a tumour. "In a newborn you will be able to feel the fontanelles, which will be bulging if they have ▶

TOILET TALK

It's not the most pleasant task, but monitoring bowel changes can give you information about your child's health.

IN A NEWBORN

A formula fed baby: Stools can be soft, formed and yellow, and will most likely occur daily.

An exclusively breastfed baby: can experience very watery, explosive poos that range in colour from yellow to green. They can have up to six stools a day, but as time goes on may only have only one poo nappy per week. "It's extremely variable with breastfed babies," says paediatrician Dr Stephen Higgs.

IN A TODDLER

Children of this age will normally have a stool each day, or every second day, and it will be brown and solid and occasionally loose. But it's still variable. "Even a toddler can have up to four normal stools a day, however," says Dr Higgs.

WHEN TO WORRY

Diarrhoea, particularly if accompanied with vomiting, should be carefully monitored. If the child is well, not feverish and eating well, and gaining weight, there is no cause for concern, says Dr Higgs. A child is considered constipated if he has not pooed for more than 48 hours and is reluctant to go to the toilet because it will hurt. "This becomes a vicious cycle as the water in the stool is reabsorbed by the body, making it even harder," says Dr Higgs. A possible blockage or bowel obstruction should be investigated if the child has not pooed for a week, has a distended abdomen, is uncomfortable, goes off his food or starts vomiting," says Dr Higgs.

Image: Jupiter Images

Mom, is your baby starting to eat solids?

Did you know that changes in your baby's diet can increase the risk of nappy rash?[1]



As babies start to eat solid foods, the content of their stool changes, increasing the likelihood of nappy rash.[2,3] Changes in your baby's diet can also increase the frequency of stools, which can lead to nappy rash.[3]



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Science For A Better Life

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meningitis," says Dr Higgs. In an older child you could do the following check on your own: shine a torch on the child's belly button and ask them to look down while in a sitting position. "A child with meningitis will not be able to do this action without experiencing extreme pain."

THE SYMPTOM
THE BABY IS "COLD"

A normal body temperature is 36.8°C. "Hypothermia in a baby is classified as a temperature of less than 35°C," says Dr Higgs. This could occur if they are in an environment that is not heated or have not been protected from the elements – something that medical practitioners would most commonly see in cases of neglect. "A preferable room temperature should be 22 to 24°," says Dr Higgs.

→ WHEN TO WORRY

If the baby has not been exposed to the cold, a low temperature could indicate that they are in shock and are seriously ill.

THE SYMPTOM
NOT ENGAGING WITH YOU OR THE OUTSIDE WORLD

There are two things to consider: can your baby hear you, and can he see you? All babies have their hearing tested at birth. If they continue to fail hearing tests they will be referred on for ongoing repeat testing and, if necessary a specialist examination. "It takes a little while for a child to localise sound or visuals," says Dr Higgs. "Some will do it at three weeks, others will only achieve it at eight weeks." You will know if your baby is responding to sound if he startles when there is a loud noise, but he will only turn toward the sound after about eight weeks, explains Dr Higgs.

When it comes to vision, there are some possible organic causes for a baby that is not tracking you with his eyes. "An ophthalmologist would check for cataracts, the baby may have a form of conjunctivitis, and premature infants who have been exposed to oxygen can also experience visual impairment," says Dr Higgs.

→ WHEN TO WORRY

"By the time the child is three months old there should be a fair amount of visual communication between him and his parents," says Dr Higgs. He adds that if after the age of about four months, you are concerned your baby is not responding to you, but will not reach out and touch a toy for example, or does not seem to "see you", raise it with your doctor.

> "HYPOTHERMIA IN A BABY IS CLASSIFIEDAS A TEMPERATURE OF LESS THAN 35°C"

Autism is obviously a consideration if a child is not engaging with you, but one has to be sure that vision and hearing are intact before considering this possibility. "This is usually picked up around 12 to 14 months when a child either stops talking and loses words they had learnt, or has delayed speech," says Dr Higgs. **YB**



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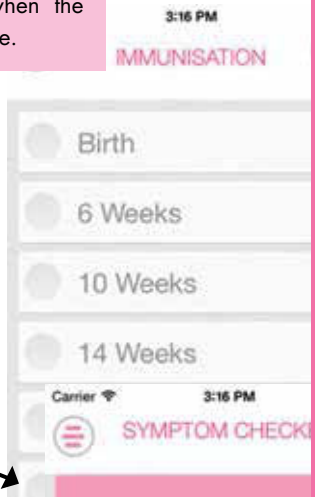
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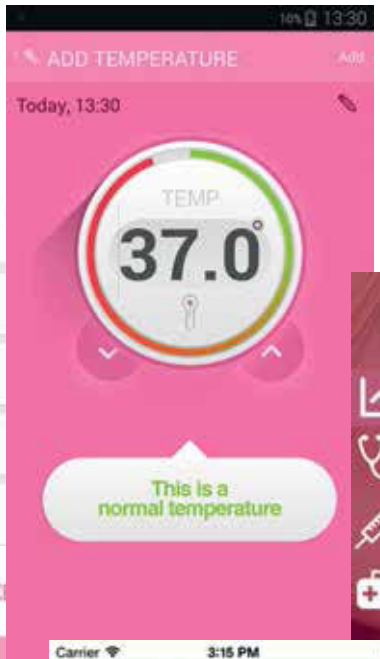
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WHEN MOM NEEDS A HELPING HAND

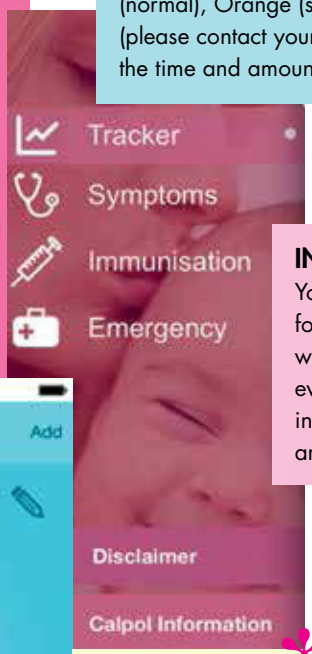
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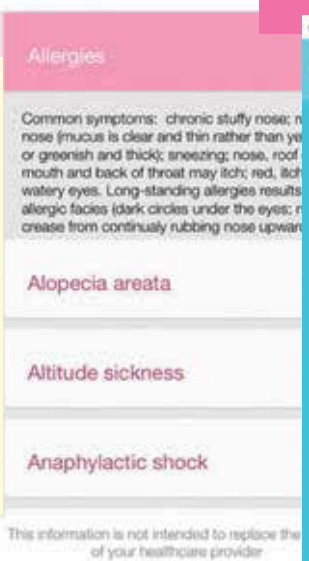


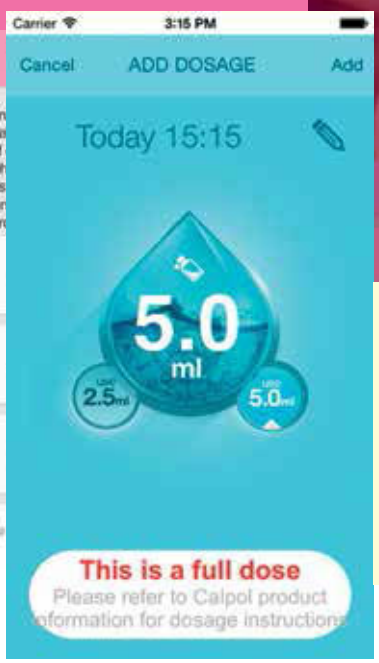
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WHAT THE *DIETICIANS'* KIDS EAT

Ever wondered if the experts follow their own rules? Well, read on to find out!

You know them as our experts, answering your nutrition questions with their professional advice. But here we've delved a little into their family lives to see if our go-to dieticians practise what they preach when it comes to dealing with toddler meals and fussy eaters!



LILA BRUK WITH HER HUSBAND & DAUGHTER KAYLA

LILA BRUK FROM LILA BRUK & ASSOCIATES – REGISTERED DIETICIANS
MOM TO KAYLA, WHO IS ALMOST TWO YEARS OLD

WHAT DOES A TYPICAL DAY'S MENU LOOK LIKE FOR KAYLA?

Kayla is not that into eating, so this is a very optimistic day and if she does eat all of this it is usually very small amounts that she will actually consume:

WAKE UP	One bottle of milk
BREAKFAST	She loves muesli, but I only give her one that doesn't have nuts
MID-MORNING	Full cream plain yoghurt
LUNCH	Scrambled egg with toast, or dinner leftovers
MID-AFTERNOON	Yoghurt, cheese, fruit or a few Pro-Vitas
DINNER	She has a pasta obsession, so tuna pasta, macaroni & cheese or spaghetti Bolognaise are common. She will sometimes have roast chicken. She is not a vegetable fan, so I try hide some veggies where I can (grated carrots and baby marrow in pasta sauce) but it doesn't always work. She does love pickled cucumbers, though. She is also crazy about her gran's tuna lasagna and that is the only food we can be sure that she will eat every time.
BEDTIME	One bottle of milk
OTHER BEVERAGES	Water and diluted fruit juice

YOU MENTIONED KAYLA ISN'T A GREAT EATER. HOW DO YOU DEAL WITH THIS?

Because she doesn't generally eat well, she is still on two bottles of milk per day. We are trying to phase them out, but it is challenging. In addition, it gives us comfort to know that she is at least getting her evening bottle even if she doesn't eat dinner. However, if she doesn't eat her dinner, we try giving her a few other options – usually dairy wins her over, so cheese or yoghurt is often our go-to alternative. She also likes strong flavours – like curries – so that can be quite popular.

I assume (or at least hope) that her poor eating is just a phase and that her eating will improve when she is a bit older. So, in the meantime I will keep trying to give her a variety.

ARE THERE ANY FOODS THAT ARE OFF LIMITS?

I don't like the idea of sweets, as they are simply empty calories without any nutritional value, so I try to avoid these.

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LINDSAY ARCHIBALD-DURHAM, A PAEDIATRIC DIETICIAN FROM JOHANNESBURG

MOM TO ARCHIE (THREE YEARS) AND NEVA (ONE)



LINDSAY WITH HER CHILDREN, ARCHIE AND NEVA

WHAT DO YOU GIVE YOUR KIDS TO SNACK ON DURING THE DAY?

I usually pack a bunch of grapes or dried fruit flakes, a block of cheese and some homemade popcorn in Archie's lunchbox for nursery school. In the afternoon at home, and between lunch and dinner, he gets fruit or crackers or a homemade fruit ice lolly, yoghurt and water. Neva's snacks usually consist of soft fruit like nectarine or banana or a rice cake. She also gets a 150ml milk bottle between lunch and dinner.

DO YOUR CHILDREN HAVE ANY FOOD ALLERGIES?

My son, Archie, has multiple food allergies to peanuts, tree nuts (cashews, pistachio, walnut, brazil and almond) and to raw egg. He used to be allergic to milk and cooked eggs but has thankfully outgrown this and has built up a tolerance. Neva is not allergic to any foods, although we have never tried her on peanuts or tree nuts as we are a "nut-free" household due to Archie's allergies.

WHAT, IN YOUR OPINION, IS THE BIGGEST MISTAKE PARENTS MAKE WHEN IT COMES TO FEEDING THEIR CHILDREN?

Creating a negative atmosphere around mealtimes, for example, forcing a child to eat something and scolding them if they don't. Mealtimes should be enjoyable – it's an opportunity to try new tastes, eat the same foods together and to share time as a family. We don't want children to be reluctant to be a part of family meals because of a negative atmosphere. Many parents fall into a trap of cooking numerous alternatives if the family meal is not eaten and can end up cooking different meals for each family member.

LINKI MONYAMANE MOELETSI OF MONYAMANE DIETICIANS

MOM TO KEORAPETSE (13) AND PAKO (FIVE)

WHAT DO YOU GENERALLY FEED YOUR FAMILY FOR SUPPER?

I try give my family a homecooked meal every night, which consists of a portion of protein (pork, beef, fresh farm chicken, snoek, sardines or pilchards), a portion of starch (rice, potatoes, pap or pasta) and some veg (mushrooms, red or green cabbage, spinach, green beans, carrots, pumpkin, sweet pepper and Brussels sprouts).



LINKI WITH HER HUSBAND & CHILDREN

DO YOUR CHILDREN HAVE ANY FOOD ALLERGIES?

Pako has been allergic to milk protein and nuts from infancy. We avoid milk and dairy products for him, but he seems to have developed some tolerance and can handle some dairy on special occasions – like ice cream or cake. He has absolutely no tolerance for inkomasi, cheese and cream. Unfortunately, his nut allergy is as strong as ever, so we avoid nuts completely.

WHAT HAPPENS IF YOUR CHILDREN REFUSE TO EAT SOMETHING YOU'VE COOKED?

It is tempting to give them a smack and punish them for not eating something, but children will always have a way of avoiding foods they don't like, such as vegetables. Luckily my children grew up on a variety of fresh vegetables as their first foods, and so it's been easy to identify what they like. As parents we've also demonstrated healthy eating from when they were tiny, so we don't have a lot of resistance to deal with. Occasionally, when they do refuse to eat their vegetables, I ask them what they would prefer to have the next time and we speak about the vegetables they don't like. I do also withdraw some luxuries until after they have finished eating their vegetables – for Pako that luxury would be meat.

ARE ANY FOODS OFF LIMITS?

There is not a food I would not give my children, but we work on the principle of moderation when it comes to foods that are unhealthier. For example, we'll only have takeaways once a month, the children are only allowed to drink fizzy cooldrink on the weekends and they have an allowance of one to three sweets a weekend too.

NICQUI GRANT FROM THE HEALTH & LIFESTYLE CONSULTANCY MOM TO JAMES (SIX)

WHAT DOES YOUR SON EAT FOR BREAKFAST?

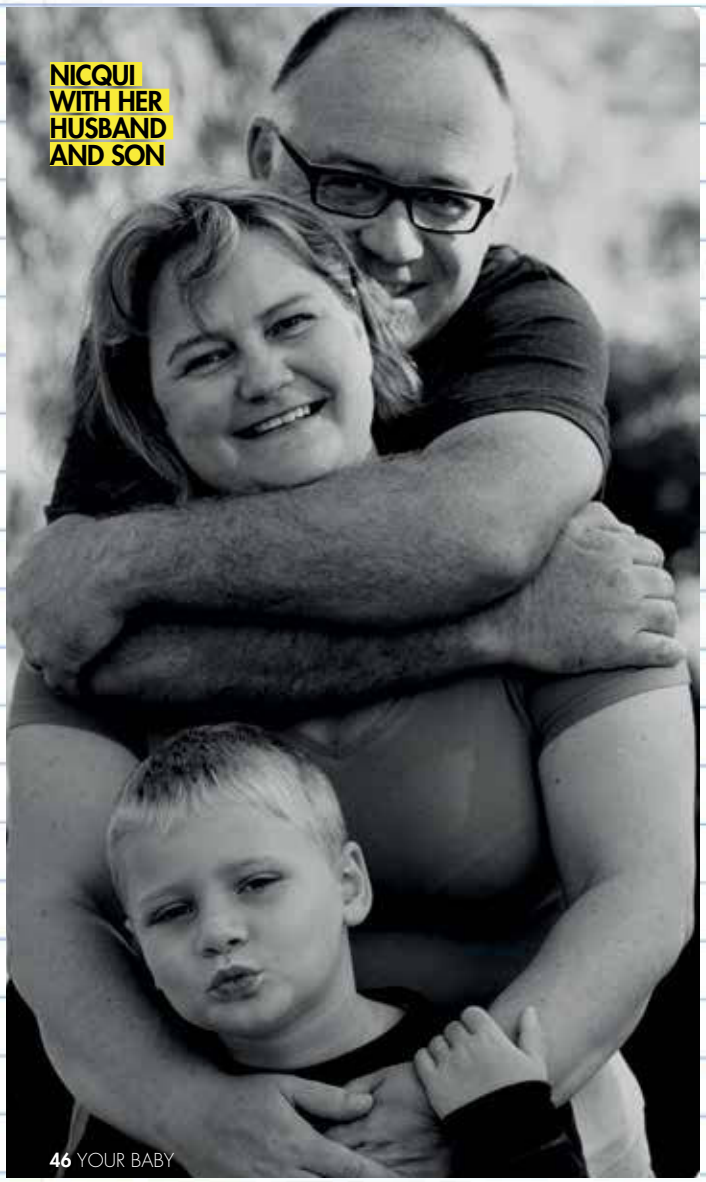
James tells me that his favourite breakfast is FutureLife porridge. I offer him any number of high fibre cereals or porridges in the morning. Alternatively, I make scrambled egg, French toast or a fruit and yoghurt smoothie. We do have what I term "junk" cereals in the house (the highly sugared ones), but he is only allowed to have them as a topping to a healthy choice, for example, oats porridge topped with chocolate coated pops.

WHAT HAPPENS IF HE DOESN'T LIKE WHAT YOU'VE MADE FOR DINNER?

If James does not like the dinner he is presented with he is encouraged to eat a little of everything – it's not often that this is the case as he is quite an adventurous foodie. If he says he doesn't like something it is usually because he does not like what it looks like, so once he has tasted it he sees that it is not so bad. Research has also shown that regular exposure to foods is what allows us to develop a palate for them. I am not one of those moms who will make him something else! I say this within reason though, as we're all entitled to our own likes and dislikes.

WHAT, IN YOUR OPINION, IS THE BIGGEST MISTAKE PARENTS MAKE WHEN IT COMES TO FEEDING THEIR CHILDREN?

I've noticed moms generally believe that all the foods that are available on the market are safe for their children to consume. I've often seen children my son's age being given energy drinks like Red Bull on the sidelines of rugby tournaments. But the bottom line is, these things are NOT designed or even proven safe let alone necessary for children. Unless your child is exercising at high intensity for more than 90 minutes at a time, water and perhaps a little carb snack is all that is needed. You are in control of the food choices your child is presented with, and so it's important to make nutritious choices. Additives, colourants, flavourants are abundant in the foods on offer, so I encourage moms to choose convenience foods with the least number of E numbers in the ingredients list. Don't be fooled by so-called heath foods either. Read labels, get educated and try your best to feed your family as close to nature as possible – if a food has an ingredients list it is processed to some degree.



NICQUI WITH HER HUSBAND AND SON

LAURA BERRY FROM NUTRIPAEDS, MOM TO ANNABELLA (SIX YEARS) AND JOSHUA (FIVE)

WHAT DOES AN EVERYDAY LUNCH LOOK LIKE IN YOUR HOUSEHOLD?

We usually have some sort of low GI bread or pita bread with a protein (like chicken, ham, eggs or tuna) and salad vegetables (like chopped up peppers, carrots, baby tomatoes and cucumbers). They also love to eat these veggies with tzatziki. Bella really enjoys cheese so she often also has a cheese triangle or I put grated cheese on their plates. Lunch could also be leftovers – like bolognaise and pasta or leftover braai meat and salad after the weekend. In winter time, we eat more soups and casserole type meals, so the leftovers then consist of these.



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They sometimes have a little diluted fruit juice at a mealtime but otherwise it's water all the way. As a treat we give our children a hot chocolate.

WHAT HAPPENS IF THEY DON'T LIKE WHAT YOU'VE MADE FOR DINNER?

I always gently encourage them to try everything on their plate at least once – and ideally three times if possible. I never insist that they finish their food, but I don't make them anything else if they don't eat it. I also try to be realistic about what a balanced, child-friendly and an age-appropriate portion is and remind them that it is their choice whether to eat the foods for dinner or not. They also know that they won't be able to have treat foods later if they don't eat the foods that are good for their bodies now.

IS ANYTHING YOUR CHILDREN ARE NOT ALLOWED TO EAT?

No. I try to help my children understand that there are no forbidden foods, but that it is important to know the place of treat foods and drinks in terms of quantity and frequency. I try to focus on what they should be having most of the time rather than the foods they shouldn't. That said, I am not a fan of very sugary sweets with lots of E numbers and I have never given them fizzy cooldrinks.



LAURA WITH HER HUSBAND AND CHILDREN

You can reach Laura on email at laura.berry09@gmail.com



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✓ Flushable, biodegradable liners are about R60 to R70 for a pack of 100.

✓ The one-size-fits-all nappies don't fit newborns well, so you would either need to use disposables, or rent or buy newborn cloth nappies for the first three to five months, depending on your baby's size.

✓ The water, electricity and washing powder used to wash the nappies.

✓ Washing and drying takes time.



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BY MELANY BENDIX

THE *NEW* CLOTH NAPPY

Gone are the days where using cloth nappies meant fiddling with safety pins and being an origami pro. Modern cloth nappies are worlds apart from all of that. But can they work for you?

Today's cloth nappies are designed to look and function much like disposable nappies. The chief difference is that you simply toss a disposable, whereas you wash a cloth nappy, saving you money and earning you eco-points if you wash optimally.

Almost all the modern cloth nappies available in South Africa are one-size-fits-all, so you can, theoretically, use the same nappies from birth to toddler stages. "They come with poppers or Velcro around the waist to adjust the sizing," explains Sally Fouche, owner of cloth nappy supplier Bam+Boo Baby.

But in practice the one-size-fits-all concept doesn't always work for all babies in the early months, according to moms who've put cloth nappies to the test. "Up to three months ▶

...GOOD FOR THE PLANET?

Research shows that disposables are the third biggest waste contributor on the planet, creating four percent of all waste worldwide. According to Mother Nature Products' research, each baby will go through between 4 000 and 6 000 nappy changes. If you're using only disposables, that will create around one ton of waste per child that is going to sit in landfills for quite some time. Regular disposables also use chemicals that are considered by some to be hazardous, both to humans and the environment.

So in terms of chemical exposure and waste creation, yes, cloth nappies are better for the environment. But when it comes to energy and water consumption, it's not as clear-cut because the amount of water and electricity used to wash cloth nappies can cancel out the environmental benefits.

A 2011 UK study found that if you have an old washing machine that uses lots of water and electricity and you then tumble dry your nappies, there is no environmental benefit. But if you use a new energy efficient machine and line dry, you're being eco-friendly.

Image: Jupiter Images



the nappies were ginormous on my boys and their legs were sticking out like spiders! It didn't look comfortable at all, so I only started using cloth nappies at about four or five months," says Jennifer Veitch, who uses a mixture of cloth nappies and eco-disposables on her youngest son.

Aaniyah Omradien also didn't find cloth nappies fitted her newborn snugly, which led to some leaking: "It causes a mess on baby's clothes, or wherever baby's been sitting or playing."

Amanda Huysamen, owner of Doodlebums Diapers, an online store that supplies most South African cloth nappy brands, acknowledges that the one-size-fits-all nappies are more ideal for babies starting from five kilograms, all the way up to potty training.

CHOOSE YOUR STYLE

The actual design differs depending on the brand but in general you can divide today's cloth nappies into two design types: the all-in-one with a waterproof attached, or the all-in-two version, where the nappy lining and the outer waterproof "shell" are separate. The materials they're made from also differ from brand to brand – but are mostly naturally absorbent fibres such as bamboo or cotton, often with some polyester to strengthen it.

After nine years experimenting with a range of materials, Joanne Austin, owner of Mother Nature Products, the only company to manufacture its own cloth nappies from scratch in South Africa, believes bamboo is best. Not only is bamboo less bulky, she says, it's also more environmentally friendly, has natural antibacterial qualities and it's more absorbent than cotton. "Plus the bamboo fibres stays softer – cotton can become a bit hard over time," she adds.

Sally agrees that bamboo is best but points out that it is usually pricier and requires some special care. For example, you can't use normal bum cream with zinc in it because it will "eat into" the bamboo inserts. "We recommend you use cold pressed coconut oil instead," she says.

> "THE ONE-SIZE-FITS-ALL NAPPIES ARE MORE IDEAL FOR BABIES STARTING FROM FIVE KILOGRAMS"

HOW MANY IS ENOUGH?

Each baby's needs will differ, but as a basic guideline suppliers recommend around 20 cloth nappies for full time use and 10 for part time use. "For full time use 24 to 30 is a more comfortable number," advises Amanda. "Then you can wash nappies only every two to three days. If you have less, you have to wash almost every day."

When working out how many cloth nappies to get, remember not to base your calculations on how many disposables your baby would use. "You need to change cloth nappies more frequently because baby can feel when they're wet far quicker than with disposables," explains Simone Cilliers, who uses cloth nappies on her 18-month-old when at home during the day and disposable nappies at night and when they're out.

"I find you can't really leave the nappy on too much longer after they've weed, because they can get red and start to chafe," adds Jennifer, who prefers using disposables on her son when he naps or at night. "Otherwise he wakes up because he's wet."

IT'S NOT THAT GROSS!

Now for the part you really want to know about: what about the cleaning? The general consensus is that cloth



SPOILT FOR CHOICE

You'll be lucky to find more than one brand of cloth nappy at the larger retail chain stores in South Africa but that doesn't mean they're hard to come by. A few of the more alternative lifestyle shops, such as Wellness Warehouse, Earthwise, Kids Emporium, Eco Emporium and Organic Living, stock one or more brands. You can also shop online, either via multi-brand sites such as Faithful to Nature (www.faithful-to-nature.co.za), The Eco Baby Company (www.ecobabyco.co.za), Doodlebums Diapers (www.doodlebums.co.za), or direct from these suppliers:



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nappies are, of course, more effort than simply binning disposables, but not nearly as bad as one might imagine. "It's not as gross as you think!" Jennifer says. "If you use a [biodegradable] disposable liner then you just throw the liner in the toilet and flush it. Or throw it in the rubbish bin, depending on how your septic tank is. Then you just have to wash the nappy."

The actual washing part is also fairly easy. "Back in the old days you had to soak nappies in steri-buckets. You don't do any of that now; in fact that damages the bamboo," says Sally. After flushing the liner you simply put the nappy into a dry bucket with a lid. If you choose not to use a liner, you would deposit the poop straight into the loo and then give the nappy a rinse before putting it in the bucket. "Then, a maximum of every second day you just throw the nappies in the washing machine," continues Sally. "You can use normal washing detergent – just never fabric softener, because it will destroy bamboo. Then hang on the line to dry."

Although the cleaning can be easy it does take time, notes Jennifer, which is a downside for her. As Aaniyah points out: "If you're a full time working mom it's a lot more difficult because you have so many other things that you are juggling already."

Working full time and dealing with an extra load of nappies because your baby is teething and going through more changes than normal is no fun either, attests Simone, who finds the less than solid number twos during bouts of teething to be the biggest challenge of using cloth nappies. "I just work around that though," she says, "so when I know she's teething, I use disposables for a few days. It's not such a big deal."

Aaniyah also found the cleaning much harder in the early months when baby is exclusively breastfeeding. "The poos are not solid so it can be difficult to clean, especially in the first few days when baby is excreting thick, sticky meconium which can stain quite hectically." With her second son, due in June, Aaniyah plans to avoid these problems by using eco-disposables for the first few weeks before going on to cloth nappies full time.

OUT AND ABOUT

The other practicality that can be tricky to deal with is soiled nappies while out and about. Amanda maintains it's not such a big problem: "You just roll it up as you do with a disposable, and you chuck it in a wet bag until you get home."

Sounds good in theory, but many moms find it harder in practice and prefer to use disposables when they're out or on holiday. "For everyday use and if I'm at home, then I would definitely use cloth. But if I'm on holiday, then I prefer to use disposables," says Aaniyah.

"I know many moms do [use cloth nappies while out and about], but I'm just not brave enough to go that way," admits Jennifer, who uses eco-disposables when going out or on holiday.

Ultimately, says Simone, the choice on whether or not to use cloth nappies, and to what extent, all comes down to how much you're prepared to do to reap the cost and environmental benefits, "and whether you're realistically able to do it". **YB**



BY MARGOT BERTELSMANN

BREASTFEEDING OLDER BABIES

If your breastfeeding journey has lasted beyond six months or a year – ***congratulations!*** Whether you think of it as "extended breastfeeding" or feeding "to term", there's really no need to stop nursing an older child until you are both ready

Mothers decide to stop breastfeeding for any number of reasons. Less and less milk supply as the child starts eating solid foods. No longer wanting to express milk at work. A lack of interest in the breast from an ever busier toddler. Or maybe you just never really enjoyed it in the first place.

But sometimes, none of these things happens, and no "right" time presents itself. So you carry on… and on… and on. Congratulations, right? Except, the cheerleaders who were encouraging you when your child was three months old have all but disappeared by the time she is three *years* old. You are quite likely to encounter disbelief, bemusement, or straight-up disapproval the longer you breastfeed. Remember the outcry over *Time* magazine's 2013 cover of a mother breastfeeding her three-year-old son?

Almost every educated parent can quote the World Health Organisation's (WHO) advice about breastfeeding: it's the best and safest food for babies, and a breastmilk-only diet is recommended for infants up to six months old. This is even true for HIV+ mothers in South Africa, with certain provisos. But how many of us know the rest of the line? It goes: "Thereafter infants should receive complementary foods with continued breastfeeding up to two years of age *or beyond*."

BEYOND THE BASICS

How did the WHO come up with the age of two? It's not a random number, says registered dietician Jane Bentley, whose masters degree thesis focused on infant nutrition, and who has worked extensively in the area of breastfeeding and lactation support in the government and private sectors (as well as practising extended breastfeeding with her own children). "By two, children are becoming more independent physically and emotionally," she says, "and can wean themselves spontaneously, but psychologically weaning works at this age because of this growing independence and confidence. By two, children do well on healthy homemade meals, and have more interest in exploring the world – and interacting with people other than their mother."

The composition of breastmilk is unique to an individual, and changes over time and with exposure to microbes in the environment, says Jane. "It does not lose value. But over time, children rely less and less on breastmilk because they eat more and more other foods. If the child is eating a good variety of high quality foods, breastmilk plays a minor role by the age of two. It is more beneficial as an immune-booster, and for emotional reasons such as comfort and bonding."

"Making breastmilk requires energy and nutrients that the mother could be using for her own nutrition," says Jane. "If a mother is both pregnant and breastfeeding, her body is sorely taxed, so the WHO recommendation of two years' breastfeeding works well from the mother's health perspective as well."

Most mothers don't make it to two years – and that's okay! Given that South Africa has one of the lowest worldwide rates of breastfeeding, even just for the first six months, at only eight percent, mothers should be applauded for participating in the breastfeeding journey, no matter how far they got in it.

All of this does not mean, however, that if you lasted longer, you should feel pressure to stop nursing at two. As long as mother and child are "fulfilled emotionally by the experience of breastfeeding," says Jane, then choosing when to end nursing can be a mutual decision.

HOW OLD IS TOO OLD?

Like most human behaviours and rituals, breastfeeding happens inside a cultural context. In Western society of the 1950s, breastfeeding took a nosedive when formula was marketed as a superior alternative to breastmilk, which started being seen as a poor person's food of choice for their infant. We now know better than to believe such nonsense. Yet, how, where and how long we breastfeed is still largely determined by cultural factors.

For instance, a conservative religious woman from any of the major three ▶

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monotheistic religions in South Africa might refuse to expose her breast in public to breastfeed. Yet a deeply socially conservative African mother from a rural part of the South Africa will definitely see a bare breast as natural and inoffensive. And if you are breastfeeding your three-year-old in middle-class Jozi or Durbs, well, it is likely your mother-in-law will have an opinion about it – even though she'd probably be perfectly happy to see her two-year-old grandchild drinking formula milk from a bottle.

As a counterpoint to those who frown at extended breastfeeders, the movement called "Child Led Weaning", where the decision to stop breastfeeding is left to the child instead of the parent, is currently enjoying popularity. The principle works much like baby led weaning, or BLW, where the child's decision to try solid food is his own. Norma Jane Bumgartner, author of *Mothering Your Nursing Toddler*, says in an online article that "mothers in East Bhutan, where nursing well into childhood is socially acceptable, say that self weaning usually occurs between three and five years." She adds that "research suggests that a completely child led weaning is unlikely to take place before the child turns four."

"The upper limit for breastfeeding in humans appears to be about age six to seven, when the permanent molars arrive," says Cape Town La Leche League leader Kim Jurgens, citing research by US anthropologist Kathy Dettwyler, and Harvard scholar Katie Hinde. "This correlates with when most mammals wean. However, it would be extremely rare to see a mother doing this, and in developed countries in particular, this is definitely not the norm."

"Most toddlers will self wean between about age two to four," she adds. "A few might go on longer than this, but generally in middle class South Africa, most mothers would have begun a weaning process around then."

So four to five years old seems to be the age at which the last few nursers generally give up the habit. But you shouldn't feel rejected (or feel you've failed) if your little one decides to give up the boob before that. "From about one-and-a-half to three years of age children naturally become independent and want to explore and separate from their mom, and they should be allowed and encouraged to do this," says Clare Harvey, a clinical psychologist in private practice in Johannesburg.

"If it's an emotionally healthy relationship both mom and baby (or toddler) will be able to do this appropriately and breastfeeding will be able to come to a natural end. Before adolescence, when a child is in the formal schooling years, they should developmentally be searching for recognition and affirmation from their peers and not from their mothers and so breastfeeding should not be something the child needs emotionally anymore." And nursing an adolescent, for example, is completely outside the reaches of what we consider socially acceptable. When a child's sexual maturity is beginning, breasts take on a sexual meaning and he or she needs to focus on non-family members as sexual objects of desire.

Says Jane: "The longer breastfeeding persists (past a minimum of two years old), the more one should look at psychological issues as to why the mother is not releasing the child, or the child is so emotionally dependent on the mother, while remembering that some people are just happy to have that bond, and will wait for the child to decide to stop."

And if your child is ready to let go, but you just aren't? "A mother should be able to 'hear' and 'listen' to her child and take the lead from them. However, this is often a complex issue when the mother finds it difficult to let her baby naturally wean because of her own conscious and unconscious attitudes (which she isn't aware of). She may feel she will 'lose' her child and the relationship if she stops breastfeeding and this suggests a mother's own insecurities which should not be dealt with through her child," explains Clare.

"Holding a child back or forcing something on them can interfere with their development," agrees Kim, "but this wouldn't be unique to breastfeeding. A mother who won't allow her child to do any age appropriate thing – walking through the school gate alone in primary school, refusing to allow your child to learn to ride a bicycle in case they break a bone – can be damaging and needs intervention."

Breastfeeding to two and beyond can be a sign of a close, trusting bond between mother and child. It can help calm a tantrum, allay a fear, ease a tired child off to bed, ensure less disrupted nights – and suckling helps with jaw and speech development and good teeth placement, too. So breastfeed your older child with pride. It is, after all, nobody's business but yours. **YB**

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FURTHER READING:
Katie Hinde's *Mammals Suck* blog at www.mammalssuck.blogspot.com

HOW **BREASTFEEDING** CHANGES...

Nursing a toddler is "completely different to nursing a young baby," says Cape Town La Leche League leader Kim Jurgens. "From about a year you are able to set limits to breastfeeding just like you set limits to everything else. Your toddler starts to be able to delay gratification – to wait to feed until after you have put the chicken in the oven – not like when you had a young baby wanting a feed." Breastfeeding can be one way to teach your toddler about respecting the needs of others. "A young baby needs to be fed promptly on asking to avoid them losing weight or disturbing others by screaming from hunger, but a toddler's needs and wants are no longer the same thing," she says. Because he is older, he has to wait. And if you are worried that your child has teeth now – remember that a toddler can understand cause and effect: if he bites, the breast disappears.

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BY CLINICAL PSYCHOLOGIST CHEVONNE POWELL

BEHIND THE TANTRUMS

Rather than a sign of naughtiness, your toddler's tantrums are actually a symptom of how her brain is growing

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It's the Monday morning rush and you're on your way out of the door when your three-year-old suddenly stops and refuses to move. Without prior warning she bursts into tears, screams hysterically, throws her bag down and mumbles through her hysteria that she "never got to say goodbye to Daddy". As a mom, you're probably more than a little familiar with this scene, and others like it. But knowing exactly why your little one has these frequent meltdowns of anger and frustration that include anything from crying and screaming to throwing things around and falling to the floor in despair goes a long way to dealing with them in a way that leaves everyone feeling better.

THE TWO BRAINS

In order to understand toddler tantrums, we need to understand the parts of the brain that deal with our emotions and our ability to control our impulses. Imagine that the brain is a house. In this house, there are two floors: upstairs and downstairs. The downstairs brain is where all the basics are situated. It is usually called the primitive brain because it is used in our strong emotions, our survival instincts and basic functions like breathing or regulating sleep. This part of the brain is reactive.

The upstairs brain is a more refined system. It is used during tasks such as sound decision making, planning, regulation of our emotions and body, personal insights, adaptability and empathy. This part of the brain is receptive.

However, in your toddler this house is a building that is still under construction. The downstairs area is finished, but the upstairs section is under massive construction that lasts until our mid-twenties. Because of this ongoing development and the steep learning curve toddlerhood brings, children become stuck downstairs sometimes. With no use of their upstairs brains they make poor decisions, "explode" easily and don't think of others. So when a child is in a reactive space there is no upper brain thinking happening, and so they can't work through any emotions in that moment.

BUILDING THE BRAIN

The brain is a mouldable organ that changes physically over time by making connections between neural pathways. What creates the change in the brain is experience – the music we hear, the people we surround ourselves with, the activities we do. These all affect how a child's brain develops. When an experience is repeated over and over again, it deepens and strengthens the connections. Think of how a pathway is forged in a park – the more people that walk along that path, the deeper the path becomes and the easier it is to walk along it. This is what happens in your toddler's brain as she grows. The more she experiences something, the more entrenched the path becomes, and the more often she will resort to using that path in her everyday life. So everything your toddler experiences affects her brain development, particularly repeat experiences, and this includes how you respond ▶

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to her in different situations. What this all boils down to is that how you choose to react to your child's tantrums impacts on the development of her brain and how she behaves in the future. Although this sounds like a big responsibility, it's really about being conscious and intentional in your parenting.

YOUR RESPONSE IS KEY

You may find that your most common response to a tantrum is emotional and reactive – yelling, talking with a commanding voice or even threatening a smack. Because the downstairs brain is what is in charge during a tantrum, when your child sees your emotional and reactive response, her brain takes in your body language and words as a threat. This makes her entire body go into survival mode, and rather than opening her brain up to think about what's going on, she prepares to defend herself. She does this by running away, screaming or throwing things at you. When a child is in this state of disintegration during a tantrum, she needs to be able to regulate; to calm that downstairs brain down in order to think things through. She can only do this with your help.

POSITIVE DISCIPLINE DURING A TANTRUM

In order to help forge the best possible pathways you can in your toddler's brain, you need to appeal to her upstairs brain during a tantrum. This will help her learn how to regulate her downstairs brain. Try to stay calm and avoid communicating a sense of threat, both verbally and non-verbally.

> "BECAUSE THE DOWNSTAIRS BRAIN IS WHAT IS IN CHARGE DURING A TANTRUM, WHEN YOUR CHILD SEES YOUR EMOTIONAL AND REACTIVE RESPONSE, HER BRAIN TAKES IN YOUR BODY LANGUAGE AND WORDS AS A THREAT. THIS MAKES HER ENTIRE BODY GO INTO SURVIVAL MODE"

The best way to calm things down is through emotional connection. When a child is falling apart she needs her parents the most. Children don't want to be upset and feel out of control, and tantrums usually happen when a toddler is experiencing feelings she can't yet manage or communicate to you. To connect with her during a meltdown, try to soothe her, making her feel loved and understood. This also deepens your relationship. In this way, she will always see you as a safe and soothing space, where she can gain comfort and understanding. This type of connection does not mean you're condoning the behaviour, it is about choosing when to discipline so you can make it effective and long lasting.

Once your toddler has calmed down you can implement the teaching part of discipline. This is the time for natural consequences and for asking questions. Get her to think about what happened and how she could have handled the situation better. No matter what their age, giving children choices teaches responsibility and creates connections in the brain. Address the tantrum positively in four steps:

CONNECT AND ADDRESS THE FEELINGS BEHIND THE BEHAVIOUR Why is your child acting this way – is she angry, disappointed, tired, hungry or frustrated? Look at the circumstances surrounding the situation to see what could be causing your child's distress, and then give her the words to explain her feelings. For example, in a calm and kind way say, "I can see you are feeling quite upset right now. Sometimes it can be difficult to share your favourite things with others."

ADDRESS THE BEHAVIOUR "Even though we feel upset, hitting hurts others."

GIVE ALTERNATIVES "We need to be gentle with our friends." If she's a bit older you might ask, "What do you think we should do to make it better?"

MOVE ON TO SOMETHING BETTER "Let's go back outside and see what other fun games we can all play together."

While a tantrum is upsetting for everyone involved, knowing how to handle it positively means that each tantrum that comes after it gets a little bit better, laying the foundations for a strong sense of awareness in your child for the future. **YB**

DISCIPLINE MISTAKES TO AVOID

✓ It's easy to think you're expected to be stern to get results. But it is possible, and beneficial, to discipline with love by being calm and kind. You don't want your children to be afraid of you, but you can remain strong with consistent boundaries while still being loving and compassionate.

✓ Remember that because young children are mostly still in a non-verbal phase, they use their behaviour to communicate. So when your little one is naughty, try to consider what she's trying to tell you through her actions. There may be things behind her behaviour, like tiredness, anger, sadness or frustration, that are causing it.

✓ We all make mistakes, even parents. So when you've been overly emotional or harsh in your response to your toddler's behaviour, admit to it and ask for forgiveness. When we show our children what it means to be humble we go a long way to repairing whatever damage may have been done.

✓ We expect children to be well behaved for a large part of the time. We forget that they are small, with growing minds that fluctuate. Just because your daughter held it together yesterday doesn't mean she can do it today. And if she doesn't it's not the end of the world – you can both try again tomorrow.

✓ Don't expect the world of yourself either – you're just a person getting through life and trying to be the best parent you can be. Love your children, set boundaries that are consistent and clear, ask for forgiveness when you've erred and discipline them with kindness.

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RAISE A CREATIVE CHILD

Imagination is about more than just raising an arty child – it's a tool for life

BY NIKKI TEMKIN

Futurists the world over are predicting a radically changed job market, one where flexibility, imagination and creativity are must-have, lucrative skills. So nurture and grow these abilities that children are actually hardwired with.

A GOOD MANY PARTS TO IT

"An active imagination helps your child in many ways," says Sarah Cohen-Schwarz, a registered counsellor with a special interest in art therapy for children. She says that studies have shown that children whose creativity had been actively developed over time were more resourceful. Creativity partly means being able to think on your feet, approach tasks from different perspectives and think outside the box. "It gives children a place for expression and connection – both are central in identity formation, in forming relationships and agency formation," agrees neuroscientist Luke Lamprecht.

"Creativity builds confidence," says Sarah. It allows children to make mistakes and learn from them. Children also learn that constructive feedback is a helpful part of learning, and not something to be taken personally. It creates empathy when other kids enter the play, and your child learns communication, social skills and the art of negotiation. Asking questions like, "How do I turn this clay into a sculpture?" or, "What do I need for Teddy's bedtime?" develops skills in reasoning and understanding, which are also necessary tools for success in life. "Problem solving is another major natural benefit of creativity," says Sarah.

Creativity develops skills of perseverance, dedication and focus. "Research shows that participation in the arts improves concentration," says Luke. By expressing themselves, children practise collaboration, sharing responsibility and compromising for a joint goal.

DOWN TO BRAIN TRAINING

While imagination and creativity are skills that children are born with, it takes practice for the brain to turn it into second nature. "During the first few years of life, a child has many more neurons than they need. As a result, the brain is pruned on the basis of 'use it or lose it'. Although there is some plasticity (the ability to mould the brain) later in childhood, what hasn't been developed is lost," explains Luke. So the more creative ways of thinking are developed, the more those neural pathways in the brain will light up and grow – and the easier it becomes for your child to think that way. "Children learn via experience. Creativity allows the brain to develop in unique ways," says Luke. "In fact, creative play be important, if not crucial, for learning."

FLIGHTS OF FANCY HAVE REAL PURPOSE

Have you ever watched your little one play make believe? The bath becomes a mermaid's cove and the bed turns into a dragon's lair. This kind of pretend play is a key part of her learning. "Self expression as part of pretend play is a way of working things out that happen in life," says Sarah. It gives children a chance to learn big-world rules about sharing, social interaction and conflict resolution while having fun.

"Pretend play has also been correlated with the crucial ability to self-regulate impulses, emotions and attention and the ability to reason," says Sarah. Dreaming up imaginary situations where he rescues his friends from aliens gives your child a sense of control even in scary situations. Or while pretending to be a doctor, she's developing social and verbal skills. Re-enacting events is a way of roleplaying that teaches her how to manage situations, practice discipline and understand cause and effect.

"Pretend play is also called symbolic or imaginative play, and usually first appears between the ages of 18 and 24 months," says Luke. The self-expression of make believe teaches courage and curiosity. "This phase is instrumental in your child's physical and intellectual development." Additionally, two thirds of toddlers between two and five years of age invent an imaginary friend. This doesn't mean that your child is lonely or a social outcast, but rather shows his burgeoning sociability and creativity. Pretend play normally follows these steps:

AROUND EIGHT MONTHS
Your baby enjoys making "music" (noise) by banging and shaking her toys.

AROUND 18 MONTHS
You'll notice your baby starts to act out things she's seen you

MORE BENEFITS OF *CREATIVE PLAY*...

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do, like talking on the phone or "nursing" her doll. You can encourage this phase by offering toys that resemble real world objects (like a toy phone).

AROUND 24 MONTHS Your child is now able to use one object in a way that represents something completely different – like putting a block to her ear as a cellphone.

FROM TWO TO THREE YEARS The imagination is at full tilt, and as your child advances linguistically, cognitively and socially, her play starts to include fantasy, drama, and imitation. You'll notice she starts to re-enact scenarios from stories or real life occurrences.

FROM FOUR YEARS At the most advanced form of socio-dramatic play, make believe becomes more elaborate with extended storylines and character acting. Imaginary pals can also become part of your child's fantasy world.

WHAT YOU CAN DO

What role do you get to play in this exciting world of your child's growing imagination? There are many ways that you can help grow this skill. It comes down to encouraging the process as it happens. "Your attitude is crucial. Our children look to us for guidance, feeling good and learning how to behave and believe in this world. Creative confidence relies on self-confidence, " explains Sarah. "Abundant and specific praise, buying into their fantasies and extending trust in their creative abilities are all crucial."

If your child wants to create a castle in your lounge, give her the freedom to do it how she wants (within limits) and let her know that you're available if she needs help. Once she's finished, compliment her on her creative use of everyday materials to make her castle (using the pillows as a tower, or a sheet on the floor as a moat). Ask her questions about her process in creating the castle.

When it comes to the imagination, there needs to be no competition. Your child needs to know that when it comes to creativity, there are no limits – anything goes. "Removing the anxiety of winning, perfection or being the best frees a child to create without fear of judgment," says Sarah.

And while you're at it, why not try to find your own playful spirit? **YB**

"MY CHILD JUST ISN'T CREATIVE"

According to neuroscientist Luke Lamprecht, all children are innately creative — just find the right way for your child to express it. Manage your expectations. It's often adult criticism that shuts down creativity in a child. "Stay present and just play!" advises Luke. Create opportunities for creative play by:

LIMITING ELECTRONICS Balance is the key word here.

READING BOOKS Expose your child to different authors and types of writing every day.

TELLING STORIES Sharing tales requires inventive thinking.

MAKING MUSIC Sing, dance, or play instruments.

PROVIDING PROPS Towels become capes, pebbles become rare gems and stuffed animals become sick pets.

ALLOWING BOREDOM Forced to entertain themselves, children often create absorbing games.

ENJOYING THE OFFBEAT If the "queen of the fairies" decides to only wear pink, cut her some slack.

Image: Jupiter Images

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THE BIG GUIDE TO COLDS & FLU

KNOW THE DIFFERENCE

HOW TO MAKE YOUR CHILD BETTER

PLUS A GUIDE TO FEVER

HOW IMMUNITY WORKS AND WAYS TO PREVENT THE SNIFFLES

YOUR QUESTIONS ANSWERED BY OUR EXPERTS



HOW IMMUNITY WORKS

BY MARGOT BERTELSMANN



There's no magic spell, but here are some strategies to escape the clutches of the common cold

Winter: 'tis the season to be snotty. Colds and flu hit those of us who live in warm climates hardest during the winter months, and/or in the wet seasons – and while we don't know exactly why this is so, it's certainly not because viruses and germs become infused with special superpowers when it's cold. Studies have suggested that the bugs can live longer in wetter conditions or at certain temperatures, or that the closed doors and indoor lifestyle of winter means that the germs and critters are more concentrated and better able to target their victims. No matter the reason, it's best to avoid the real schoolyard bully by staying out of his way in the first place.

HOW DO YOU GET A COLD?

Merely being cold or wet will not make your child sick – that's another old wives' tale (although it is possible that viruses and bacteria could live longer in certain conditions, such as high humidity or at certain temperatures). A person actually needs to inhale or ingest the bacteria or virus to get sick – and these could be airborne, or transmitted via bodily fluids such as saliva and faeces, or transferred by touching infected surfaces.

THE FLU VACCINE

A flu vaccine is a great way to start your family's counterattack. A vaccine works by injecting a small or modified amount of the virus into your children's bodies. It sounds crazy, but doing so allows their bodies to mount an immune response by making antibodies that recognise that particular virus. When the "real" virus then attacks



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their body, they are armed against it and their body has a better – though not 100 percent – chance of fighting it off.

But there's no such thing as just one cold or flu virus. Every year, the dastardly opponent tries to outwit his victims (that's us) by mutating. Put very simply, a mutated virus will attack the body in a slightly different way, or place, than before, and it will mean that the previous season's flu vaccine may not work to protect you

> "VIRUSES ARE SELF-LIMITING – MEANING THEY WILL GO AWAY WHEN THEY GO AWAY"

anymore. This is why scientists at labs worldwide develop annual flu vaccines to try to target the particular strain currently rampaging through the world. If Swedes contract a particular strain of flu, it's then possible that South Africans can be protected from that strain via the vaccine by the time our winter comes around a few months later. "If you happen to contract a different strain of cold or flu, you'll still get sick, though," says Dr Delecia Wood-Thompson, an emergency medicine registrar at the Charlotte Maxeke Hospital in Johannesburg. "It's not that the vaccine 'didn't work'."

WHO SHOULD BE VACCINATED?

Dr Mariana Lucic, a paediatrician at the Netcare Park Lane Hospital in Johannesburg, says she highly recommends all healthy children should receive the flu vaccine every year from the time they are six months old. "Pregnancy lowers your immunity so pregnant women should definitely also be vaccinated. Acutely very ill children should not be vaccinated, neither should those people with previously demonstrated severe allergic reactions to vaccines," she says.

HOW DOES IMMUNITY DEVELOP?

"You start developing immunity from when you are born," says Dr Wood-Thompson. "But up to the age of six months you don't yet have all the antibodies you need to fight disease, so you are more prone to getting sick." A person needs to be exposed to (small amounts of) viruses and bacteria in order to build up their immunity. This is bound to happen naturally, simply by babies living in the world and touching the same surfaces and breathing the same air as other people, and yes, it does mean they can occasionally become ill.

"A good way to limit the risk is to vaccinate a very young baby's parents, caregivers and older siblings against influenza," says Dr Lucic. "Also try to avoid crowded, closed places." Breastfeeding mothers do have a card up their sleeves: "Breastfeeding is the best thing you can do to protect your young baby from disease," says Dr Wood-Thompson. "Breastmilk contains antibodies from the mother which the baby can use to fight disease and build up immunity. Breastfed babies get sick less." Lastly, practise good hygiene. Wash your and your children's hands regularly – certainly after every nappy change and before meals – and clean your household surfaces with an antibacterial cleaner.

HOW TO TREAT COLDS AND FLU

"Colds and flu can be viral or bacterial," says Dr Wood-Thompson, "but most commonly a person will get a cold or flu virus first. And viruses are self-limiting – meaning they will go away when they go away, and there is not much you can do to hasten the departure." Your child's body will fight the virus on its own, and you can help by making the conditions favourable for this. Let them rest, give them plenty of fluids, and treat their aches and pains symptomatically, such as with painkillers and vitamin supplements. **YB**

SHOULD MY CHILD HAVE AN ANTIBIOTIC?

Antibiotic medicines are of no use at all if you have a viral illness. Antibiotics, as the name suggests, are medicines that kill certain bacteria. The only way to determine for sure whether your illness is viral or bacterial is via a laboratory test (of blood or stools).

It's possible to contract a secondary bacterial infection if you are struggling to get better from an existing cold or flu virus, or if you get a bacterial infection from somebody else who has a bacterial infection, "or if you are immune-compromised, such as if you are HIV-positive, or have cancer or diabetes," according to Dr Delecia Wood-Thompson, an emergency medicine registrar at the Charlotte Maxeke Hospital.

Even if you do have a bacterial infection, your body might still fight it off on its own. So it is fair to say that we overuse antibiotics on a massive scale. This is understandable when you consider how desperate parents of sick children are for symptoms to be relieved – and that lab tests can take a few days to develop. By that time, you may be very tempted to administer the trusty bitter white syrup to your child, regardless of what is making him sick.

The problem is that bacteria are developing antibiotic resistance, and are no longer being killed off by our existing range of antibiotics. So-called "superbugs" are outwitting our existing antibiotics in the "arms race" between medicine and bugs. This is a global health concern, with drug-resistant malaria and tuberculosis of particular concern in Africa, and it's worth bearing in mind next time you want to ask your doctor for a prescription.



Image: Jupiter Images

BY YOLANDI NORTH

COLDS & FLU

With some guidelines and expert tips, we are taking the guesswork out of cold and flu season

The average child gets a cold or flu six to eight times a year. So, since it is almost impossible to avoid colds and flu altogether you need a plan to fight winter coughs, sniffles and sneezes when they happen. These expert tips will help you cope this winter.

KNOW THE DIFFERENCE

"The flu is an infection of the nose, throat and lungs by influenza viruses which is most infectious from around May to September in South Africa," explains Dr Liezl Zulke, a paediatric cardiologist.

WHEN TO SEE THE DOCTOR

The flu can be very dangerous for children. Each year thousands of children under five are hospitalised with flu complications, like pneumonia, which is why parents should know the warning signs before things have gone too far. "If your child is under five or has a medical condition like asthma, diabetes, or a neurologic problem, call your doctor right away. These children are at higher risk of serious complications from flu," explains Dr Zulke. Likewise, if your baby is younger than six months and has a high temperature that does not settle with simple flu fighting strategies, seek medical attention.

Here are additional warning signs that warrant a visit to the doctor:

- ✓ Fast breathing or trouble breathing.
- ✓ Lethargy, not waking up or not interacting with you.
- ✓ Bluish skin colour.
- ✓ A temperature of 40°C or higher or fever with a rash.
- ✓ Not drinking enough fluids and making fewer soiled or wet nappies than usual.
- ✓ Unable to keep fluids down.
- ✓ Being so irritable that she does not want to be held.
- ✓ Flu symptoms that improve but return with fever and a worse cough.
- ✓ When baby has a suspected earache (she may pull on her ear and fuss.)
- ✓ Cold symptoms for longer than a week or a cough that does not go away within three days.
- ✓ Forceful vomiting after feedings or for more than 12 hours, also has diarrhoea and a fever.
- ✓ Your baby or child has yellow or green nasal mucus.

A COLD	THE FLU
Less dangerous than the flu.	More dangerous than a cold.
Symptoms take a few days to appear.	Appears more suddenly.
Caused by a virus, but different to influenza viruses.	Likely to be irritable and have a poor appetite.
Common symptoms are mostly felt in your head: blocked, runny nose and sneezing.	Symptoms are more severe than a cold and influences the entire body; including nausea, chills, diarrhoea, vomiting or aching muscles and joints. Clear nose and random sneezing.
Low, or no fever.	Associated with a fever of 38.3°C or higher.
Insignificant coughing.	Regular cough becoming more severe.
Occasional headache.	Persistent headache.
Some aches and pain with slight fatigue, but mostly normal energy levels.	Severe aches and pains with several weeks of exhaustion.
Dry or sore throat.	No sore throat.
Cannot be treated with antibiotics.	Cannot be treated with antibiotics.



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TREATING COLDS AND FLU

Make sure your child gets plenty of rest and continue breastfeeding if you have a young baby. For muscle aches and fever, give a pain reliever like children's' paracetomol or ibuprofen.

"Give regular, small volumes of fluid. Your child might not eat much, but needs to drink sufficient fluids," says Dr Marie Wessels, a Cape Town paediatrician. It helps to keep your child hydrated and to keep the ever-present snot thin. "Treat fever with paracetamol and other fever fighting strategies."

Teach your tot to sneeze into a tissue and throw it away to prevent colds & flu from spreading

Colds and flu are transmitted through touch, so the best way of dealing with them is to prevent them from spreading even further. Do this by practising excellent hygiene like regular hand washing with an antibacterial soap.

"Parents should also watch out for warning signs and know when to get to the doctor," says Dr Wessels.

During dry colder months, nasal passages dry out and become the ideal breeding place for airborne germs. Taking care of your baby or tot's nasal passages, ears and throat is therefore very important to avoid further snags. Saline spray is the easiest way to keep little nasal passages lubricated. It assists in flushing out bacteria easily and in doing so prevents further congestion and infection.

Humidifiers can also assist in keeping secretions thin and ensure irritated airways stay moist and clear, helping baby to breathe easily.



WHAT IF MY NEWBORN GETS SICK?

In very young babies, temperature is actually quite an unreliable indicator of illness. They can be very sick with a normal or below normal temperature, so look at how your baby is feeding, muscle tone (is he really floppy?) and his general mood. A temperature of over 38.5°C in small babies indicates the likelihood of a bacterial infection, so contact the doctor. In terms of medication, there is little you can use besides paracetamol, but breastfeeding helps with most of the symptoms too.



The reason why colds in young children often lead to ear infections is because the Eustachian tubes (the passageways in the ear) that are the link between the ears and throats are smaller and shorter – a shorter distance for bacteria to travel into the ear and less space to flush out infection. If this happens, children suffer from severe pain as the mucus buildup in the narrow tubes pushes against the eardrums. A warm, moist cloth placed over the ear will help alleviate discomfort.

A sore throat should pass in a few days, but until then you can try to teach your toddler (of two and older) to gargle with warm salt water and to drink warm soups, teas and water with honey (not for under-ones) and lemon. Sweet-like throat lozenges made especially for children are great, but are usually only suitable for older kids so check the instructions to be sure. Children under six shouldn't be given oral decongestants and cough syrups. Stick to topical decongestants (drops or sprays), but not for no longer than three days. Tea with honey serves the same purpose as decongesting syrup. **YB**

KEEP IN MIND

- ✓ **Use over the counter medicine and remedies with the same caution as you would any prescription medication – it can also have serious side effects.**
- ✓ **Use your child's weight, not age, as a guideline to establish the dose of medicine for him or her.**
- ✓ **Do not give more medicine than directed. It will not make her feel better and can cause major complications.**
- ✓ **Babies and children should not be given medicine that is formulated for adults, unless discussed with a healthcare practitioner first.**
- ✓ **Due to the risk of getting a rare, but life-threatening condition called Reye's syndrome, children should never be given aspirin.**

TOP TIPS TO PROTECT YOUR **FAMILY**

Wash, wash, wash those hands to prevent cross-contamination and reinfection – after blowing your nose, going to the toilet, and before handling food. Correct hygiene practices are basic but absolutely essential in protecting yourself and your baby. Teach kids to sing "Happy Birthday" through twice while washing their hands with soap and water – it's the ideal length to maximise hygiene. Keep hygiene wipes and hand sanitiser in your bag, and soap at every sink or basin. Keep surfaces clean and wipe down often – the flu virus can live on a surface for up to 48 hours. All adults taking care of a baby should be vaccinated against influenza, especially caregivers of babies younger than six months.

A QUICK GUIDE TO FEVER

AGE	CONSULT YOUR DOCTOR IF THE TEMPERATURE REACHES
Newborn to three months	38°C or more
Three to six months	39°C or more
Six months and older	39.4°C and over

- ✓ Contact the doctor if a fever of 38°C or more persists for more than three days or immediately in younger babies.
- ✓ A fever of 38°C in a baby under three months may indicate a serious infection or disease.
- ✓ A child older than three months who has a temperature of less than 38°C and who is otherwise healthy and acting normally does not need treatment.
- ✓ Invest in a reliable thermometer (to use in the ear or around the forehead) and track your child's temperature every one to two hours.
- ✓ Do not give medicine to prevent a fever from rising.
- ✓ A high temperature should break within 20 to 30 minutes after you've given your child medicine.
- ✓ Fevers can be effectively managed with a lukewarm sponge bath – irrespective of the season and temperature. Avoid using ice baths, cold water or alcohol.
- ✓ Do not dress a child with fever in warm clothes. Rather remove all of the clothes.
- ✓ Remember that baby's hands and feet might be cold, but he might still have a high temperature, so touch his chest and back.
- ✓ Fever is not the only indicator of illness. If your child looks unwell (even with a normal fever), get help.



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Questions AND Answers

YOUR QUESTIONS ANSWERED BY PAEDIATRICIAN *DR PAUL SINCLAIR*

Question

Whenever it's time to give my toddler his medicine he zips his lips closed so it's difficult to get the syringe into his mouth. It's always a fight and when I finally do manage to give him the medicine he spits most of it out. Should I give him an extra dose when he does this?

ANSWER: Giving oral medication in some children is really a nightmare: they don't like the taste or the texture, and having to take the medication every few hours just does not work for them. This is particularly noticeable with antibiotics because they are what are known as suspensions, as opposed to true syrup, which makes them noticeably grainier in texture.

Whether or not to give an extra dose of the medication depends on how long after having the medication your child spat or vomited it out. Simply put, if the medicine was spat out immediately or within an hour, you should repeat the dose because none of the medication was absorbed. Remember, the stomach empties about 50 percent of its contents every hour, so with a liquid antibiotic enough will have passed through your child's system and be absorbed within an hour of ingestion to have an effect, so he doesn't need an extra dose then.

Disguising the medicine with honey or jam, mixing it in a bit of yoghurt or using a medication-administering dummy can also be useful.

Question

How do I tell if my child is too sick to go to crèche? I work full time and can't take off work very often, but I don't want to make things worse by sending him to crèche when he's not feeling well?

ANSWER: This is a tough question, as I understand the pressures on working families, and on mothers in particular. The decision on whether to keep him at home or not involves both the health of your child and the other children at the crèche who will be exposed to your child's illness. That being said, you can expect that in the first few years of your child's life that he will have on average eight infections per year. These will include upper and lower respiratory infection, rashes and tummy bugs. To keep him away from crèche (and for you to take time off from work as a result) often is just not possible.

Keep your child at home if he has a temperature that requires regular therapy (such as tepid sponge baths or medication) to be controlled. In terms of a snotty nose or a cough, it is safe to send your child to crèche when his condition is improving, he is sleeping well and is temperature free.

Be sure to feed your child a balanced diet and ensure good sleep to keep his immune system in check so that his body can fight off infections well. Remember that these infections are normal in young children, and will happen often.

Question

My toddler always has a runny nose. She's had all her vaccinations, and I've used nasal sprays and medication but nothing works. What is going on?

ANSWER: It sounds like a case of allergic rhinitis – perennial and not seasonal. If your toddler attends crèche, you can also expect some additional viral infections to exacerbate the problem.

Snoring often accompanies this, as the adenoids enlarge due to the chronic inflammation. You have to make sure that this is the case though, so I would suggest you visit the doctor for an allergy test (preferably a skin prick test) to identify and help avoid possible triggers and an adenoidal X-ray. Your doctor will then suggest a cause of action for you.

Question

If I develop a cold or the flu this winter, what is the best way to prevent my young baby from catching it?

ANSWER: Winter is viral season, and there is generally sickness everywhere you turn. Though most infections during the season are rather mild, there can be some nasty ones for babies, like respiratory syncytial virus or adeno. These can cause major chest issues, particularly in smaller infants. Because of this, I would say that prevention is always better than treatment. So, to best protect yourself and, in turn, your baby from getting sick this winter be sure to get a flu vaccine (which is safe when breastfeeding), eat a healthy and balanced diet and avoid crowded places (like malls). I would also suggest that you and your family take a good probiotic. These are all proven methods of avoiding acquiring viruses.

If, despite your best efforts, you do get sick then I suggest you employ simple precautions to keep your baby from getting sick too. Try not to kiss her during this time and remember to wash your hands very often. Breastfeeding is also really important and won't make your little one sick, so don't stop nursing your baby while you are sick.



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1 BEGIN WITH THE END IN MIND

Even though your baby is still young, start teaching him what mealtime values you'd like to instil in him. Wash his hands before putting him in his high chair, for example.

2 INTERFERENCE FREE

To help enforce the concept of sitting down as a family at mealtimes, make sure there are no distractions when it comes to feeding time. Switch off all TVs and put your phones away.

3 EMBRACE THE MESS, FOR NOW

Your baby will show an interest in feeding himself and may try grab the spoon from your hand. He may also stick his hands in his bowl of food now. This is all age appropraite and part of his development. To make cleaning up after a mealtime easier, place a mat or some newspaper under the high chair and all you'll need to do is pick it up and throw it away after you've fed your baby – no mopping up required!

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your baby files

practical advice for ages 0-3

YOUR NEWBORN PAGE 72
YOUR BABY PAGE 76
YOUR TODDLER PAGE 82



TONSILS
SHOULD THEY STAY OR SHOULD THEY GO?
PAGE 86

TOP 10 TODDLER WEBSITES AND APPS
PAGE 88

THE MAGIC OF MUSIC
PAGE 76

WHAT IS CLUB FOOT?
PAGE 74

THE IMPORTANCE OF THAT COMFORT OBJECT
PAGE 90

10 NEWBORN SURPRISES TO EXPECT *PAGE 72* ▸



10 surprises TO EXPECT FROM YOUR NEWBORN

BY LISA DEWBERRY

While this is a magical time of bonding, getting to know your new baby in the next few days can bring with it a few unexpected realisations

#1 BABY'S HEAD IS MISSHAPEN

A newborn's head may look swollen and a bit squashed at birth due to the bones in the head having to overlap when passing through the birth canal. Haroon Saloojee, personal professor for the department of Paediatrics and Child Health at Wits University, adds that a difficult delivery may also cause swelling and bruising of the baby's head. Sister Bronwyn Lendrum, Netcare Stork's Nest coordinator at Netcare Waterfall City Hospital explains that the shape usually settles within three days to six weeks after birth.

#2 SWOLLEN GENITALS, BREAST STONES AND EVEN DISCHARGE

Don't get freaked out by this. Sr Lendrum says it is normal for the labia or scrotum of newborns to be swollen and this usually reduces after a week or two. She says babies may have also small lumps under their nipples called breast stones, which should go away within six weeks and baby girls may have a clear or whitish vaginal discharge for a few days after delivery. Professor Saloojee explains that these symptoms result from high oestrogen levels transferred from mother to baby, which fall dramatically after birth, that sometimes also causes a baby girl to have vaginal blood streaks for one or two days.

#3 PEELING SKIN AND BODY HAIR

According to Sr Lendrum, during the first three to four weeks after birth, a baby's first layer of skin may peel off in little bits because the skin dehydrates after having been in the amniotic fluid for months. This is especially evident in babies born after their due date. Professor Saloojee says newborns can also have a variety of skin rashes lasting for a short period of time, and prem babies are likely to have fine, soft hair on their bodies called lanugo, which disappears over the first month.

#4 BABY'S POOP CHANGES

You're going to find yourself fascinated by the contents of your baby's nappy – it's normal! Prof Saloojee adds that 98 percent of babies pass stools within 48 hours of birth and these first few stools, called meconium, are sticky, greenish-black in colour and look like motor oil. By the third or fourth day more normal looking, lighter stools appear but their appearance and frequency differs greatly, depending on how a baby is fed. "An exclusively breastfed baby will have yellow or slightly green stools with a mushy or creamy consistency. Formula fed babies have pasty, peanut butter-like stools on the brown side of the colour spectrum," he says.

#5 BABY SNEEZES TO "BLOW HER NOSE"

It's probably not a cold. Sister Lendrum says an infant's sneeze is their way of blowing their noses, since their airways still contain some amniotic fluid with microscopic skin and hair cells. These substances irritate

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a newborn's nasal passages, so your baby sneezes to clear them. Professor Saloojee says this is common, normal reflex in newborns and most likely not the result of an infection, allergy or other problems.

#6 GRUNTING AND GROANING

Expect your newborn to snort and grunt and make odd noises. Professor Saloojee says that because babies breathe through their noses (allowing them to feed while breathing) it's easy for mucus to block a baby's nose, and since they can't blow their own nose it stays there and produces a whistle, sniffle or a snort. If the mucus descends into the baby's throat it may cause a gurgle. These noises can last up to a year. Sr Lendrum says babies also groan when they are trying to pass wind or a stool and healthcare providers can supply remedies to comfort babies experiencing tummy cramps caused by trapped wind – so chat to your doctor or clinic sister.

#7 BABY'S BRAIN IS PROTECTED

Newborns have two fontanelles on the head. These soft spots in your baby's skull help make delivery easier and allow for the brain to continue growing rapidly after birth, explains Professor Saloojee. The smaller fontanelle closes by three months, and the larger one closes between 12 to 18 months of age. Despite these, your baby's brain is well protected by skin, a thin layer of muscle (the scalp) and three membranes, so don't be concerned about easily hurting your baby's head.

#8 BABY'S NOT CRYING TEARS YET

According to Sister Lendrum, it is typical for newborns not to shed tears because their tear ducts don't fully form until after more than a month after birth. She says babies may scrunch up their tiny features and cry loudly, but they usually only start crying tears at six to eight weeks of age, as the tear ducts become functional.

#9 BABY EATS ALL THE TIME

Newborns need to feed every two to four hours. This is because your tiny baby has a small stomach, so she fills up easily but her food is digested quickly too. Don't try to stick to a schedule, as every baby's nutritional needs are different. Rather feed your baby on demand right now. These frequent feeds stimulate your breasts to produce milk regularly and in sufficient quantities for the growing baby.

#10 SLEEP IS BUT A DREAM

Between frequent feeds and common sleep issues like swapping day and night, you can expect your baby to be waking up quite a lot. Professor Saloojee says that babies' sleep patterns even out around three months of age or when they weigh about 6kg, But this varies considerably. It is unusual for new babies to sleep longer than three to four hours at a stretch. For now, expect your baby to wake up and want to be fed between eight to 12 times in a 24 hour period.**YB**

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Club foot is the most common musculoskeletal birth deformity, affecting 200 000 babies each year, but many people are not even aware of the condition, what causes it, or how it is treated

ONE STEP at a time...

BY VANESSA PAPPAS

There's nothing more delicate than a tiny pair of newborn feet and nothing more heart warming than the sound of pitter patter when those little feet finally take their first steps. However, thousands of babies across the globe are born with club foot, which can make walking difficult to almost impossible. The good news is that club foot can be treated with a 95 percent success rate.

WHAT IS CLUB FOOT?

Paediatric Orthopedic Surgeon, Dr Mark Eltringham at the Sunninghill Hospital, explains club foot, also known as Talipes Equinovarus, is a developmental abnormality in one or both feet that affects an estimated one in 1 000 babies. "While degrees of the condition vary, most babies with club foot have feet that appear twisted out of shape or position. The foot may be turned so severely that it actually looks as if it's upside down – the term 'club foot' actually refers to the way the foot is positioned at a sharp angle to the ankle, almost like the head of a golf club," he explains. "In some cases, the calf muscles in the affected leg are usually underdeveloped, and in other cases the affected foot may be up to one centimetre shorter than the other. The condition can be mild or severe, and about half of babies with club foot have it in both feet. While it looks painful, club foot doesn't cause your baby any discomfort but problems begin to arise when your baby starts walking. Without treatment, a baby born with club foot will eventually start walking on their ankles or on the sides of their feet. Over time, the feet become fixed in this position and walking is difficult. However, with treatment, the vast majority of babies born with clubfoot recover completely during early childhood and are able to do practically anything an otherwise healthy baby can do."

HOW DOES A BABY GET IT?

Doctor Matthew Gooding, Gynaecologist and Obstetrician at Sandton Medic-Clinic, explains that while in the majority of cases the exact cause of club foot is unknown, the condition may arise because of a developing baby's position of the feet in certain conditions while in the womb, such as reduced amniotic fluid volume or amniotic bands (where thin strands of tissue form in the uterus). More often though, club foot is caused by chromosomal abnormalities and genetic syndromes. "The condition, which affects more boys than girls, can be detected using ultrasound in pregnant

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FACT: CONSULT YOUR PAEDIATRICIAN IF YOUR BABY HAS NOT SMILED BY EIGHT WEEKS AND EXHIBITS ONE OR MORE OF THE FOLLOWING SIGNS: DOES NOT TURN TOWARDS SOUND, OR AVOIDS EYE CONTACT FROM EARLY ON, OR IS VERY FUSSY AND DOESN'T ENGAGE HAPPILY

moms from 13 weeks," says Dr Gooding. "In situations where the condition is not detected antenatally, club foot is usually diagnosed immediately after birth simply by looking at the foot. In South Africa, it's difficult to say how many babies are born with the condition (it's estimated that one in 500 cases occur in Africa). I previously worked in a referral hospital where we saw an increased number of cases, but this gives a distorted impression. A colleague of mine, who has been in private practice for the last 25 years has seen just five cases."

He goes on to explain at least ten percent of cases are associated with other developmental abnormalities, including spina bifida and other neuromuscular conditions. "The congenital form could result from any abnormality in the bones, tendons, blood vessels or muscles. The severity of the condition is dependent on whether other abnormalities are present. Taking a folic acid supplementation from your first trimester has been shown to decrease the incidence of spina bifida and so indirectly the risk of club foot can be reduced. However, the majority of cases are unavoidable."

TIME FOR TREATMENT

Major surgery isn't the go-to option in treating this condition. Karen Moss, mom to a son who was born with bilateral club foot and founder of STEPS, the only NGO in southern Africa focused on the treatment of club foot, explains that 95 percent of club foot cases can successfully be treated with The Ponseti method. "The Ponseti method, devised over 60 years ago by Dr Ignacio Ponseti, avoids cutting the tight ligaments, tendons and joint capsules. It is a carefully constructed sequence of plaster casts and braces for children with club foot," explains Moss. "Long term follow up studies show superior results to operative techniques. Typically the method takes about six or seven plaster casts, changed weekly. For over 80 percent of cases, the tight Achilles tendon is cut in a minor procedure (tenotomy) and the corrected foot is put in a holding cast for three weeks to allow the tendon to regenerate longer. When the final cast is removed, a club foot brace is fitted – a pair of shoes attached to an adjustable bar at a specific width and angle. The child wears these at night for four years." The method can be started from birth up to almost any age, and if it fails, it is repeated and only if it fails again, would surgery be considered. **YB**

YOUR QUESTIONS ANSWERED BY OUR EXPERTS

MEG FAURE *OCCUPATIONAL THERAPIST AND CO-AUTHOR OF THE SENSE SERIES OF BOOKS*

I SWEAR I SAW MY TWO-WEEK-OLD SMILE IN HER SLEEP, BUT MY HUSBAND SAYS IT WAS JUST A REFLEX. WHO IS RIGHT?

The first few weeks with a newborn is a lot of hard work and there will be days when it seems pretty thankless. Each day is filled with feeds and attempts to settle your little one to sleep and cope with levels of crying that you probably did not anticipate. It is exhausting and so it's with great anticipation that you will await that first little smile.

Your baby's smile is a very important milestone – it's her first real social signal. For the vast majority of babies the first social smile emerges by six weeks. But for some babies it does emerge a whole lot earlier than this. You will find yourself debating for weeks whether that little flicker of the lips is in fact a smile.

In the hours and days immediately after birth, newborns have the amazing capacity to imitate a facial expression. This usually occurs when your baby is in the calm alert state and making eye contact. In this state, many babies imitate a facial expression by sticking out their tongue in the same way mom is or lifting their lips in a smile like way to imitate mom or dad. While not a social smile, this is an early response to another person and so is a social signal.

After a few weeks, your baby will start to produce little smiles as she sleeps or even during awake times. Many of these smiles, especially early on, are not social smiles but occur in response to internal sensory input. We believe this is the body's way of preparing the facial muscles for smiling. If your baby smiles while sleeping or while looking into space – this is probably a reflex or response to a wind rather than a social smile.

There will come a time, often much earlier than six weeks, that you could swear your baby is smiling. She is lying calm and alert on your lap, making eye contact and you smile or make a noise and she smiles back – just a small upturn of the lips. In this case, this is certainly early smiling and is a precious social signal.

You will know for sure that your baby is smiling when:

- ✓ She is awake, in the calm-alert state.
- ✓ She is making eye contact with a person or a fascinating toy.
- ✓ Her little lips curl up in response to the visual or sound stimulus.

Email your question for our experts to: kerryn@yourbaby.co.za. Please note that experts unfortunately cannot respond to each question personally. The answers provided on these pages should not replace the advice of your doctor.

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Image: Jupiter Images



MUSIC AND YOUR BABY

More than entertainment, music affects how the brain works and learns

If you've ever hummed a lullaby to a baby, distracted a toddler on a car journey with 14 verses of *Old MacDonald*, or clapped out a rhythm for a marching preschooler, you've seen the power of music. Making music is one of our most basic human instincts – all cultures the world over make music with their voices or instruments. Babies worldwide are sung to sleep with lullabies that have a tempo similar to that of the human heart in a relaxed state. A mother's voice has an almost magical ability to soothe and calm a baby. Music affects us in extraordinary ways, and science continues to find new evidence of its power.

A BRAIN THING

According to Dr Annette Lotter, a doctor of education who specialises in brain profiling, babies can hear and process sounds from three months prior to birth, and this has a profound effect on their emotional development. She adds that our bodies respond physically to different types of music, and she believes that music can be used to help us all relax, concentrate, or go to sleep.

"Throughout the day, brain waves vary in any human, baby or adult. When you are experiencing alpha brain waves, both hemispheres of the brain are active and you have total access to both sides of your brain. You feel focused, relaxed and content. If you are agitated, the non-dominant hemisphere in the cortex will switch off. So you might find yourself unable to remember or recall information such as names and facts," she says.

Music has a direct impact on brain waves, she says. "A normal heartbeat is more or less 60 to 75 beats per minute. To induce alpha brain waves, where the two hemispheres are open and functioning well and primed to learn, play music with the same beats per minute – what I call active music."

To relax your baby, for instance during breastfeeding or before putting her down to sleep, play slower music. By contrast, very fast and noisy music makes the heart beat faster. Dr Lotter says, "Music faster than 75 beats per minute affects the functioning of the cortex. A baby sitting in front of a noisy cartoon is not able to process information rationally. The information he sees goes to the middle brain where values and beliefs are kept, which is a problem if it is a violent cartoon image, for instance."

MUSIC AND LEARNING

Music is linked to speech and language, which in turn forms the basis of reading and writing. Like speech, music has rhythm, pitch and tone. Through listening to and joining in with nursery rhymes and simple songs, babies and toddlers learn important auditory skills.

Genevieve Ryan, a music teacher at Bellavista School, explains how music can have a positive effect on language. She says, "In music, the children listen to the beat, to whether music is fast or slow, loud or soft. I put a story to a piece of music, which helps them understand and remember. They have to focus, and listen for different instruments to come in." She says that music helps concentration, too: "When they play together, each child is keen to play but has to listen for when to come in, and wait his turn. It is good for impulse control."

Songs build vocabulary –

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FACT: IT SEEMS THAT MUSIC PRIMES OUR BRAINS FOR CERTAIN TYPES OF THINKING. RESEARCH SHOWS A TEMPORARY INCREASE IN SPATIAL REASONING WHEN STUDENTS HAD LISTENED TO MOZART BEFORE BEING TESTED

think how *Head, Shoulders, Knees And Toes* teaches the names of body parts, or *Old MacDonald* prompts your toddler to chip in with the names of different farm animals – and give opportunities for practising pronunciation. Rhymes and songs help young children develop phonemic awareness (the ability to hear sounds and distinguish between them), and phonemic awareness is a key skill for reading.

Songs develop memory and cognitive skills, too, as your little one remembers the words and processes their meaning. They engage the imagination, or the sense of humour. Some songs have a mathematical element (*Ten Green Bottles* or *There Were Three In The Bed*, for example), while others, like *Incy Wincy Spider* or *Two Little Dickie Birds*, give opportunities for using important fine motor skills. Setting words to music also helps the brain remember and retain those words, which is useful when children need to remember important information such as mom's cell number, or how to spell their own name.

So, what of the claim that music can actually make your baby smarter? That's perhaps a rather general statement for a complex topic. Popping a CD into a player is not simply going to create a genius, but it is fair to say that music can contribute to your child's intellectual development in various ways. Music (in particular classical music) has a complex underlying structure, which babies seem to grasp. Music is powerfully connected to other abilities, including maths and language. Music contributes to a rich and stimulating cultural environment, which can only be good for your baby's intellectual development. **YB**

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TOYS FOR MAGICAL NOISE

Learning to play an instrument in childhood has been shown to be beneficial. Studies have found that learning piano does develop children's spatial-temporal intelligence – leading researchers to believe that learning music creates new pathways in the brain. While your baby is still to young to start tickling the keys, there are many toys that can help kickstart an interest in playing music.



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Kate Bailey is a speaker at the 2015 Johnson's Baby Sense Seminars. These seminars take place on 1 August (Port Elizabeth), 15 August (Durban), 22 August (Cape Town) and 5 September (Johannesburg). For more information and to book for these informative parenting seminars, visit www.babysense.com

BY KATE BAILEY, OCCUPATIONAL THERAPIST

LITTLE SOCIAL BUTTERFLY

How your baby interacts with you and others is key to her development

You are the foundation of security and trust for your baby, and the solid base from which she will explore the world of social interactions. Your role is to be your baby's first and most important, available, attentive and loving social partner.

How babies develop and organise their sense of self, and how social development unfolds, is dependent on their individual differences together with the unfolding relationship between a baby and her primary caregiver – you. A predictable, consistent, loving and tuned in parent creates not only a sense of safety for her baby, but also a positive sense of curiosity and confidence to explore new physical and social surroundings.

EVERYONE'S UNIQUE

Each baby has a unique sensory processing style, an individual way of perceiving and experiencing their world. For a baby who is sensory sensitive, she can become overwhelmed by certain noise, touch, movement, light or too much sensory input. She may have difficulty staying calm and regulated when there's a change in routine, environments or people. These babies may need more time and extra support in order to be ready for social interactions.

Informal family gatherings, friend groups and structured baby groups are all beneficial for parents to connect, learn and share their experiences. Introducing babies to new people and social settings when they are ready will encourage them to feel safe and confident with others too.

GUIDELINES FOR SOCIAL READINESS

IN THE FIRST THREE MONTHS babies are learning to organise sensations and adapt to being in the world. You'll soon learn to read your baby's signals, body movements and rhythms. ▶

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Your baby will also let you know what is overwhelming, what comforts her and what helps her recover from distress, so she can attain a calm alert state with which to take in the world. Consistent and predictable caregiving lets babies know that they will be safe and protected at this stage. Trust gives babies a sense of security, which allows them to take an interest in you, their first important social interaction.

BETWEEN THREE AND SIX MONTHS babies are generally more regulated, calm and alert and thus available for engaging. The caregiver and infant take more interest in one another and an emotional bonding occurs. Mirroring of facial expressions, sounds, smiling and gazing at one another becomes part of this growing intimacy and falling in love. This warm relationship gives babies a secure sense of self to prepare them to take interest in the world.

AT AROUND SIX TO NINE MONTHS a baby's stable head, body and sitting balance enables her to engage with the world. She becomes more purposeful and communicates with body movements, gestures and sounds. You and baby also begin to experience more positive pleasurable interactions as you recognise these familiar patterns of back and forth rhythmical exchange and use them in social play such as peekaboo.

Initially, your lap gives baby a safe and secure platform to gaze outward at the world from. You're still available to monitor excessive stimulation and be attuned to your baby's individual signals and needs. This relationship of trust allows your baby to begin turning her attention to the outside world, with curiosity and anticipation. At this stage babies take great interest in family members and other people.

AROUND NINE MONTHS your baby will move from the lap to the floor as she learns to crawl and becomes more purposeful in exploring her world. This increased distance between you and your baby also facilitates the emergence of a sense of self separate from the parent. This developing awareness of difference between self and mother leads to awareness of difference between mother and another person. As a result, babies around this age can become vulnerable and wary of strangers, which is called stranger anxiety.

FROM NINE TO 14 MONTHS a baby's growing sense of purpose, curiosity and motor competence allows her to crawl or walk away from the secure base of her parent. She is growing in independence and discovering her own view of the world. This new feeling of independence can be scary for the toddler and so the secure, assuring home base she has with you continues to be important as she explores her social interactions with others in what we call parallel play. This is where babies play alongside one another, watching, following each other's actions, exploring and copying one another. A baby's curiosity and independence now prepares her for the next leg of the journey toward confidence and social development – enjoy it! **YB**

YOUR QUESTIONS ANSWERED BY OUR EXPERTS

DR PAUL SINCLAIR
PAEDIATRICIAN

MY BABY HAS BEEN DIAGNOSED WITH A HERNIA IN HIS GROIN AND HIS DOCTOR SAYS HE NEEDS AN OPERATION TO FIX IT. PLEASE CAN YOU TELL ME MORE ABOUT THIS AND WHY SOMETHING AS DRASTIC AS SURGERY IS REQUIRED?

Inguinal hernias (in the groin) occur commonly in boys in the first few months and years of life, and only occasionally in girls. It does occur throughout generations of a family and there is more chance of it developing in babies born very prematurely or in babies with respiratory problems that cause excessive coughing early in life.

To understand how these hernias happen, it's important to understand the inguinal canal. This is a passage that connects the intestinal space with the scrotum. It is along this canal that the testes descend in the last few months of pregnancy, where they should arrive safely in the scrotum by the time a baby is born. But because this canal stays open for some time, it's possible that a bit of intestine or fluid slides into the canal. Unfortunately, in some cases the intestine can become trapped and start to swell, leading to impairment to the blood flow into the gut.

If this occurs and is not remedied rapidly, the portion of gut can die and then faeces leaks into the area, causing infection and often septicaemia. This is why it's essential to fix this kind of hernia surgically, and to do so as an emergency as soon as possible. As long is it's done soon and there aren't complications, the surgery is rather quick and simple – with most babies going home the same day or spending just one night in hospital. If, however, the bowel is compromised (which can occur relatively quickly and unexpectedly), the surgery and post-operative care becomes more complicated and involves a longer hospital stay.

A milder form of hernia happens when the scrotum fills with fluid from that which surrounds the gut. This is called a fluid hernia hydrocoele, and is not dangerous, but should be monitored. If it's still there at one year of age, it can be repaired electively.

Any unusual swelling or lumps in a baby's groin need to be checked out by your paed as soon as possible to avoid complications and allow early correction, for which surgery is the only option.

Email your question for our experts to: kerryn@yourbaby.co.za. Please note that experts unfortunately cannot respond to each question personally. The answers provided on these pages should not replace the advice of your doctor.

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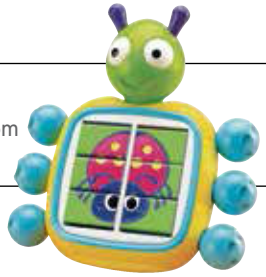


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BY SR BURGIE IRELAND

TOO MUCH SUGAR?

How to cut down on the sweet treats for a healthier tot

Even if you avoid giving your toddler a steady diet of sugary treats, a recent survey in *The Times* found that most breakfast cereals contain more than 12g sugar per 100g serving, and some as much as 45.8g – which is way over the limit (see box below right). Celebrity chef Jamie Oliver calls sugar the "next evil alongside tobacco" and is motivating Britain to follow France's decision to tax sugary drinks. But should he, and we parents, be all that worried?

HOW DOES SUGAR AFFECT A TODDLER?

Megan Bailey, a nutritionist from Gauteng, explains that there are two types of sugar – natural and added. "Natural sugar benefits the body because it also provides essential minerals and vitamins. Added processed sugar has no nutritional value and is mostly used to bulk up ingredients. We don't need to add sugar to our food – even small amounts – and we can learn to do without it. Overloading the body as we do with too much sugar may not have immediate negative symptoms, but in time, consequences such as obesity and diabetes can become very real," she says. And this is all the more applicable when it comes to your toddler's diet. When children eat too much sugar it can:

SPOIL THEIR APPETITES WITH EMPTY CALORIES

Emma Illidge, a dietitian working at the Charlotte Maxeke Johannesburg Academic Hospital, explains that an empty stomach and low blood sugar levels trigger hunger pains. Filling up with processed foods such as sweets and biscuits stops these hunger pains and shoots the body's sugar levels higher than they should be. This means that more insulin than is necessary is released, the sugar is quickly converted into energy and very soon the child craves more sugar to deal with the high insulin levels. In this way, overweight

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children can become malnourished because they're not getting the nutrients they need. Unprocessed foods like fruit and vegetables take longer to digest and longer to convert into ready energy, and this delays hunger pains.

MAKE THEM HYPERACTIVE

Insulin quickly converts sugar into glucose and releases instant energy. But this energy boost is short lived, and children get cranky easily when blood sugar levels drop.

DAMAGE TEETH

This means expensive dentist's bills!

IT'S ADDICTIVE

And it's quite hard to cut it out of a diet once you're used to it.

IT CAN LEAD TO ISSUES WITH WEIGHT

Because sugar affects the way fatty acids are digested, any surplus is stored as fat.

SUGAR CAN TEMPORARILY SUPPRESS THE IMMUNE SYSTEM

A 2006 French study at Unité de Nutrition Humaine found that too much sugar and too little magnesium in the diet can be linked to increased inflammation, thereby putting unnecessary stress on the immune system. Simply explained, the study found that two cups of fizzy cooldrink containing about 100g sugar can decrease immunity by 30 percent for a few hours.

TIP

A healthier alternative to sprinkling sugar on your toddler's cereal is to add some fruit. For example, half a banana (sliced into oats porridge) contains 7g sugar, a 100g slice of papaya about 8g and four strawberries has only 4g of sugar – and they come with lots of vitamin C!

HIDDEN SUGARS

Sugar goes by many names: glucose, fructose, sucrose, dextrose and lactose. Emma explains that any processed food (this includes chips) contains sugar, or empty calories. These include things that we may think of as healthy, such as flavoured water, iced tea, drinking yoghurt and fruit juice. Even food like bread, cereal, tinned vegetables, sushi rice and sauces contain sugar in some form, as you'll see if you read the labels.

The natural sugar that is found in vegetables, fruits and cane sugar comes from the process of photosynthesis that sunlight brings about in plants. These foods all contain a mixture of simple sugars – glucose and fructose – as well as sucrose, a complex sugar, made up of glucose and fructose. Fructose is often called fruit sugar, and many people think that it is only found in fruit, but this is not the case. For example, a 100g portion of mango has 0.8g of glucose, 3.4g of fructose, and 10.8g of sucrose. This sucrose is identical to the sucrose found in cane sugar.

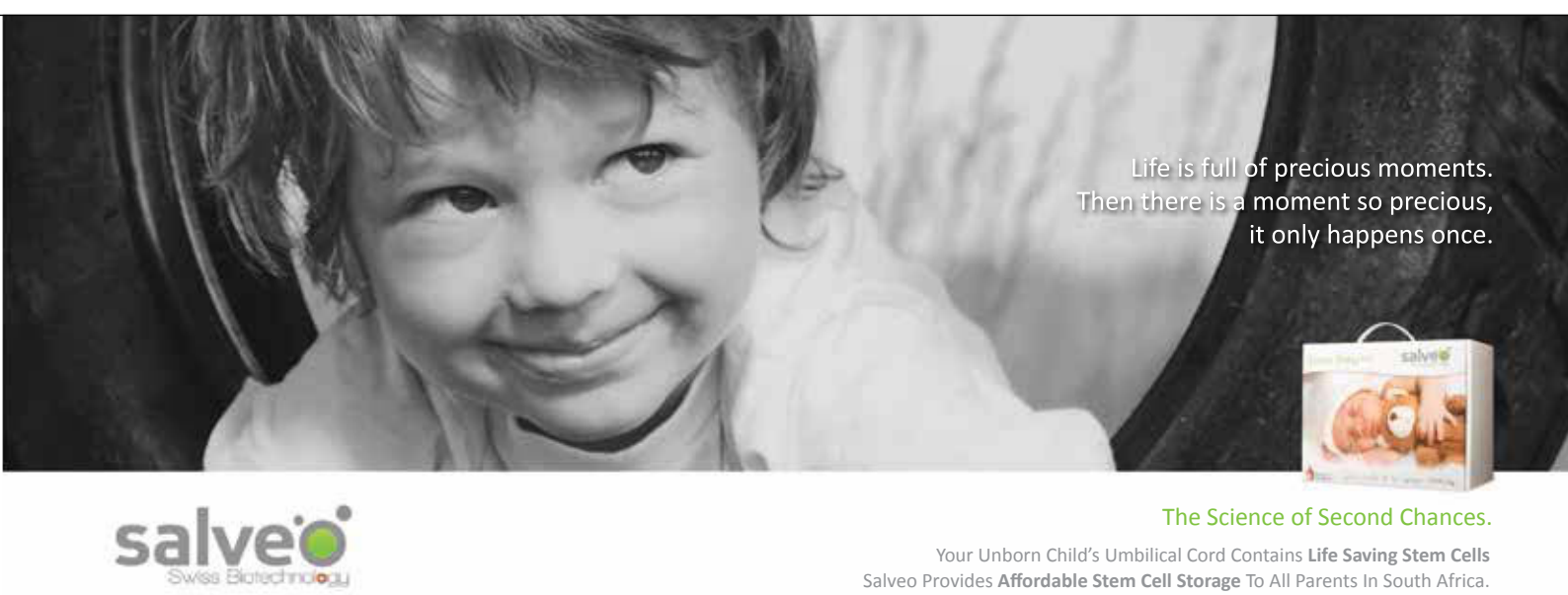
By understanding that natural sugar is found in just about everything that grows, it makes sense that a diet of fruit and vegetables will provide all the daily sugar your growing child needs. There's no need to add further sugar in the form of sweets, biscuits and cooldrinks every day and you should be aware of how much sugar these treats contain.

READ THOSE LABELS

With the introduction of the 2012 food label regulations, you're reassured that the product you buy does not carry misleading information. Nutritional information also includes the amount of sugar or carbohydrates added to ▶

HOW MUCH IS TOO MUCH?

According to The American Heart Foundation toddlers need to consume 5 000 to 5 800 kilojoules a day to meet the energy needs of their growing bodies. This includes about 13g (268 kilojoules) of sugar – and that's just three teaspoons. This quota includes all the sugars found naturally in foods, so simply by adding sugar to your toddler's cereal and tea you've used up their daily quota by mid-morning!



the ingredients. Although sugar can be disguised under nutritional information as glycaemic carbohydrates, under a list of ingredients on food labels it must appear as cane sugar. "This means that it's more important to read the list of ingredients rather than only the nutritional information on labels," advises Emma.

While it's unrealistic to expect you to read every label before you buy something, check the sugar content before introducing a new food into your toddler's diet. If it's more than your child needs, choose an alternative or dilute it.

TIME TO CUT DOWN

Emma spends countless hours every day motivating parents to focus on giving their children natural sugar in the form of unprocessed food, fruit and vegetables – rather than a diet of sweets, chips, salt, sugar and fat so readily available on the supermarket shelves.

She does this by encouraging parents to make sure that young children eat two whole fruits every day, and not to buy white bread, cereals, cool drinks, concentrated juices and milkshakes. "Don't substitute sugar with sweeteners either," Emma warns. "It's better to gradually decrease the sugar in the diet your child has become used to. In this way, tastebuds will be re-educated to enjoy food the way nature intended."

While you shouldn't put your toddler onto a calorie-restricting diet, you can get the whole family to eat healthily:

✓ Don't shop when your tot or you are hungry or when you're in a hurry.
✓ Plan your weekly meals, make a shopping list and stick to it.
✓ Use less sugar than the recipe says.
✓ Become a creative chef. Purée vegetables into a sauce (rather than adding sugar) or give your child blanched carrot sticks instead of cookies.
✓ Never add sugar to fruit or vegetables.
✓ Dilute fruit juice with two parts water.
✓ Don't eat in front of the TV.
✓ Make sure your toddler gets regular balanced meals. **YB**

YOUR QUESTIONS ANSWERED BY OUR EXPERTS

PETRO THAMM
OWNER OF GOOD NIGHT SLEEP CONSULTANCY

MY TODDLER IS STILL WAKING UP ABOUT THREE TIMES A NIGHT AND SHE ONLY SLEEPS FOR AN HOUR DURING THE DAY. WHAT AM I DOING WRONG?

When your child reaches the two-year mark, they welcome the world of independence with open arms, and the first ways they start trying to exert control are in situations where they sleep and eat.

Sleep can be influenced by an array of things from nutrition to medical issues, but very often at this age, sleep is a "behavioural" problem. Once you have successfully ruled out medical problems, consider your child's nutrition habits. Your child should not be given stimulants like sugar and caffeine, and should eat balanced meals that include protein throughout each day. Hydration is especially important, so remember to give your child adequate water too. At the age of two, milk becomes supplementary and is not a fundamental part of a child's nutritional needs. Also, your child should no longer be taking milk feeds during the night. If your two-year-old is still using a bottle, change over to a sippy cup and lay down a new rule that says it should not be taken to bed.

The biggest mistake parents make around this age is moving their children to a big bed too soon. Toddlers are often too young to understand the freedom a big bed affords them, so my advice would be to keep your child in a controlled sleep space (like her cot) for as long as she remains comfortable. Also try to keep her bedroom cool and dark, use comfortable bedding and possibly give her a comfort item with which to sleep.

You can also start making positive sleep associations with your child. Implement reward charts and establish a set routine every night that your child is part of. Hold off on scolding your child if she doesn't want to go to bed, and decide beforehand what the parameters are when it comes to sleep as a discipline in your house.

One of the simplest reasons for your toddler resisting bedtime is to gain attention from you! In the fast paced society that we live in today, the last two hours before bedtime (and sometimes the only time we spend with our children) are a crazy whirlwind of cooking, cleaning, screaming and running. Ensure you and your partner invest in quality, cellphone free time with your tot before bed, where she gets to lead the activities.

Remember that activities before bedtime should be calming, so attempt a no TV period for two hours before bedtime. This is because TVs illuminate blue light, which inhibits the production of the sleep hormone melatonin. Rather play outside, go for a quick walk or bounce on a Pilates ball with her – all these activities are great for sensory integration.

An overtired child will not sleep well, and this is why your two-year-old should have a nap every day of between 90 minutes and two hours. Bedtime should be between 7pm and 8pm to ensure that your child is well rested.

Email your question for our experts to: kerryn@yourbaby.co.za. Please note that experts unfortunately cannot respond to each question personally. The answers provided on these pages should not replace the advice of your doctor.

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LEARN THROUGH PLAY WITH MYSMARTKID!

Nothing is more important than investing in your child's future, but have you considered how you might better equip their little hearts and minds for that future?

Mysmartkid is a play-based educational programme for 0-6 year-olds. By focusing on your child's development through the use of age-appropriate toys, tools and activities, it promotes school readiness with its integrated early childhood development (ECD) offering. A panel of childhood development experts have been closely involved in the development of the programme and their professional insights and expertise are a source of trust and assurance for parents everywhere.

WHAT IS IT ALL ABOUT?

Mysmartkid is based on the principle that play-based activities are the optimal medium of brain development and learning in the 0-6 age group. Several key age-appropriate milestones are naturally reached during this period of intensive growth and development, and Mysmartkid aims to maximise and enrich this process through its interactive and engaging programme.

HOW DOES IT WORK?

Mysmartkid is a subscription based programme, on joining you'll receive a free kiddies' backpack (valued at R175) and an exclusive parent handbook written by an occupational therapist taking you step-by-step through all your child's ECD milestones up to 6 years. Every two months, you'll receive a Smartbox, delivered to your door, containing age-specific toys and activities for your child. Also included in each Smartbox is a full-colour parent guide packed with relevant advice and information from our experts, as well as guidelines for using the materials. Members also receive regular email newsletters jam-packed with additional information, advice and activities. As a Mysmartkid subscriber, you'll also have member login access to the website programme's free downloads, information, expert advice and additional information – as well as exclusive member-only discounts through the Mysmartkid online store.

Our expert panel of child development experts, psychologist and play therapists continually assess and update the programme to ensure it remains current and relevant in accordance with the latest developments in early learning studies.

WHAT DOES IT COST?

Mysmartkid has a current subscription fee of R325 per box payable every two months with fast and efficient delivery anywhere in South Africa or Namibia. (Delivery fees apply). Payment can be made conveniently via debit order or credit card.

WHERE DO I SIGN UP?

There are 3 easy ways to sign up:
1. Visit: www.mysmartkid.com
2. Call: 0861 555 224
3. Email: newapps@mysmartkid.com

Give your child a smart start!



Receive a **Smartbox** every two months for only **R325** per box. We deliver anywhere in SA & Namibia (delivery fees apply).

Enjoy **member discounts** in our online store, **newsletters** brimming with ideas for fun activities and ongoing helpful **advice and information** from our panel of experts.



Your first Smartbox includes two free welcome gifts – a colourful, easy to clean **Mysmartkid kiddies backpack (worth R175)** and a **handbook** written by an occupational therapist to take you through your child's developmental milestones.

3 EASY WAYS TO JOIN:

1. Sign up at www.mysmartkid.com
2. Call us on 0861 555 224
3. Email us at newapps@mysmartkid.com

mysmartkid
Play and learn

6753/1

FACT: IN THE PAST ABOUT 90 PERCENT OF TONSILLECTOMIES IN CHILDREN WERE DONE FOR RECURRENT

BY LORI COHEN

TALKING TONSILS

Should they stay or should they go? There is so much conflicting advice on this painful matter, so we got the lowdown from some experts



My daughter Stella snored from birth. She was like a little granny, snuffling her way through the night. As she got older, she got louder – we could tell she was sleeping (and was alive) from the comfort of the couch. It was only after her teacher recommended that we get her hearing tested that we became aware that not only did she have glue ear (with only 50 percent hearing), but also needed her tonsils (the little bumps on both sides in the back of the throat) and adenoids (hidden up in the throat between the nose and the mouth) removed. So we headed to theatre and after both were removed, and grommets inserted, we were presented with a new and improved little girl. She slept through the night. Soundly.

Our attitude was quite laid back, but research shows that swollen tonsils and adenoids are a major cause of sleep disturbances among children, including sleep apnoea (abnormal pauses in breathing during sleep). It's also been found that an adenotonsillectomy (the surgical procedure to remove them) can improve daytime functioning, energy levels, hypersensitivity to smells, balance problems and behaviour – including in children suffering from ADHD. But that doesn't mean a busy toddler necessarily warrants surgery.

WHY DO THEY GO VROT?

They may be a pain in the neck, but tonsils and adenoids do serve a purpose. "They are lymphoid tissue (like the glands in your neck, armpits or groin), and form part of a ring of tissue in the throat and nose called the Waldyer ring," says ENT surgeon Dr Ben Vermaak. Anything that you breathe in or swallow has to pass the ring so that the body can learn what's coming into the body, and build immunity. However, "even if tonsils and adenoids are removed, there is still enough lymphoid tissue in the Waldyer ring to aid the immune system for it not be compromised by taking them out," says Dr Vermaak.

Sometimes the foreign invaders are just too much for them to handle and they become infected. Most cases of tonsillitis are caused by a virus, in which case fluids and rest will be enough to help your child heal. "Secondary bacterial infections often occur subsequently, requiring antibiotics," explains Dr Vermaak. The strep-throat bacteria can also cause it. Doctors prefer to do a swab to identify the cause of the infection, but this can take two days for results, so many give a broad-based antibiotic such as penicillin, to which most bacteria are susceptible.

But infection is not always behind swollen tissue. "Any irritation, be it allergy, reflux or infection, can cause enlargement. If the tissue is obstructive to airflow it should be removed. Removing adenoids and tonsils will not treat the allergy but will improve airflow and the patient will be less symptomatic," says Dr Vermaak.

MAKING THE CALL

Fifty years ago doctors didn't

Image: Jupiter Images

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think that tonsils served much of a purpose, so children with frequently sore throats would have them removed without a specific cause. However, their role in building your baby's immune system is now considered important. And because surgery is also associated with risks, these days your doctor may only consider it if your child has had four to seven infections in a year, five infections per year for the past two years, or three per year for the past three years. Individual doctors will have their own criteria.

Other factors they will consider in making this decision are breathing problems during sleep, growth delay, prolonged bedwetting and behavioural problems.

SIZE MATTERS

In young children, lymphoid tissues are very sensitive and can become enlarged even after a simple cold. Adenoids and tonsils can become so big that they cause obstruction simply because they are crammed into a relatively small space. Adenoids sit next to the opening of the ear, and if they become infected regularly they can cause ear infections. If your child has recurrent ear infections, or develops a condition known as glue ear, your doctor may consider putting in grommets (small tubes in the ear drum to release fluid), and removing the adenoids at the same time if they are enlarged and obstructed (recovery after this op is two to three days). "Children with glue ear and in need of grommets often have adenoidal enlargement. This adenoidal tissue often harbours organisms that cause infections. Studies have shown that if adenoids are removed when doing grommets, the incidence of having a second set of grommets later on is dramatically less," explains Dr Vermaak.

If there are also indications to do a tonsillectomy, it can be done at the same time but with a recovery time of a week to ten days, he explains. Enlarged tonsils and adenoids can also cause children to breathe through their mouths (that poor nose is blocked!). If this occurs over many months it leads to mouth dryness and this can increase the risk of getting cavities.

WHAT'S THE RISK?

You might be pleading with your doctor to get those suckers taken out, but always consider that all surgery comes with risk. Complications that could occur include bleeding during the recovery period and initial changes in voice. "The operations are done using steel surgical instruments, by laser or by cold ablation. There isn't much difference except that with cold ablation recovery is less painful in the first three days," says ENT surgeon Dr Gary Kroukamp.

It's all about weighing up the relatively small risk against the possible benefits. Your doctor will try to avoid surgery before your child is a year old because of the increased risk of complications, but once they are age two, or weigh more than 12kg, it is an option. "However if the indication for surgery is met, age should not be a deterrent," says Dr Vermaak. **YB**



PURITY FRUITY SPLASH R6.99 available at major retailers



BY JULIA BOLTT

TOP 10 WEBSITES AND APPS FOR YOUR TODDLER

that have some great educational benefits too!

ONLINE SAFETY FIRST

Although it may be tempting to try to get some chores done while your tot plays happily, no small child should ever be left unsupervised on an internet enabled computer, regardless of what nanny style netblocker you've installed. Remember also that small children have a low threshold for frustration, so supervision is essential.

You probably know all the caveats about too much screen time for toddlers. However, that's not to say that there isn't a time and place for your tot to interact with technology. With these 10 educational websites for your kiddie, you can guarantee the most benefit from it.

Website #1

TAKALANI SESAME STREET

Sesame Street is a series that is globally recognised, but has been beautifully localised with Takalani Sesame. You can choose between English, Afrikaans, IsiZulu, Sepedi and Tshivenda, and kids can learn a letter of the day and a word of the day. To play Sesame Street games that teach number and letter recognition or watch videos from the show, head to the international parent site.

→ www.takalanisesame.co.za
www.sesamestreet.org

Website #2

NATIONAL GEOGRAPHIC LITTLE KIDS

This website is ideal for the five and under set. The site is bright, uncrowded and easy to navigate and has plenty of straightforward games that teach basic navigation skills. There are games, crafts, recipes, videos and, of course, loads of animal information. However, there's no instructional voiceover, so parents will need to play alongside their younger children to help them explore.

→ www.kids.nationalgeographic.com

Website #3

FISHER-PRICE GAMES AND ACTIVITIES

The makers of the iconic toy series have a very child friendly website offering online games, colouring pages and crafts for infants, toddlers and preschoolers. There's a set of filters to help select age appropriate games that have cheerful voiceovers, music and easy navigation using basic mouse skills. All the games teach skills like ABCs, number and shape recognition, matching and counting.

→ www.fisher-price.com/en-za/gamesandactivities/onlinegames

Website #4

UP TO TEN

This website offers a huge range of puzzles, coordination games and mazes. Early learning games and activities are the core focus, and there are more than 1 000 age appropriate games for preschoolers and children up to ten years old. Characters Boowa and Kwala have a huge reserve of games with options for older or younger kids and voiceovers to guide the activity. For kids who really love the site, there is a premium option.

→ www.uptoten.com/

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Website #5

NICKJNR

Whether you love or loathe the Nickelodeon brand, the NickJnr website is specifically designed for preschoolers. This bright, cheerful site is anchored around NickJnr's most popular shows, notably *Bubble Guppies*, *Paw Patrol*, *Dora and Friends* and *Team Umizoomi*. Games like Spin Art are great for younger children developing mouse and basic navigation skills, and the navigation is all voiced, so preliterate kids can understand the instructions and progress through the activity. The enthusiastic American voice-over is likely to drive parents batty after a while, but your toddler probably won't blink an eye.

→ www.nickjr.com

Website #6

SPROUT

This preschooler site features games, videos, colouring pages and crafts and recipes suitable for younger children. It's linked to an American TV channel, but many of the range of show characters in the games will be familiar to South African children – *Angelina Ballerina* to *Sarah & Duck*, *Bob the Builder*, *Zou* and *Noddy*, among others. The games have voiceovers for easy navigation by preliterate tots, and users can choose between easy and hard options. There are links on the site to send user generated pictures through to the TV channel, so a parent needs to be there to supervise interaction on the site.

→ www.sproutonline.com

Website #7

KNOWLEDGE KIDS

This Canadian website is fun and simple, with easy navigation and a good range of games, videos and activities aimed at younger, preschool and nursery school aged children. Game voiceovers mean that even quite young children can manage to find their way through a game, and there are colouring pages for download.

→ http://www.knowledgekids.ca/

Website #8

CBEEBIES

This site is linked to the popular DStv channel and has a wide range of games based on the channel's popular shows. The easy to navigate site also has downloadable colouring sheets, story time episodes of shows like *Charlie & Lola*, *Baby Jake*, *Numtums* and *64 Zoo Lane*, and songs from all the shows. The songs might just drive parents dilly, but your kids will love it and all the content on the site is perfect for tots, with voiceovers for easy instructions and navigation.

→ www.cbeebies.com/za/

Website #9

DISNEY JNR

As with most of the children's channels, Disney Jnr has a website that backs up its programming with games, activities, colouring and video content. Navigation is very easy, aided by a voiceover and there is a very broad range of games to choose from, featuring all the Disney characters your children already know and love. It's geared towards toddlers and preschoolers and you can select options by brand (for example, *Jungle Junction*) or category, like games. If your children already watch Disney Jnr this is a great option to introduce smaller kids to basic computer skills.

→ www.disney.co.za/disney-junior

Website #10

FUNBRAIN JNR

This website offers educational games, stories for older children, printables and stickers. The games adjust to the child's age and stickers are earned by playing games. The site is designed so that parents can sit with their children and play, or the children can explore on their own, and all the games develop early literacy, maths and problem solving skills.

→ http://www.funbrainjr.com/

GREAT APPS FOR TOTS!

Sometimes it's just more practical to distract your toddler with a tablet or smartphone. We recommend these great apps, all of which are available for iOS or Android devices:

TOCA BOCA There's a huge range, all of which are adored by toddlers everywhere. They're bright, interactive and tons of fun. We love Toca Kitchen and Toca Pet Doctor.

MY TALKING TOM Let your little one feed, bath and put Tom to sleep. They can dress him, or play games to earn coins that buy food or clothes.

LEGO DUPLO TRAIN A must for little boys, who can drive the trains from station to station, lay tracks and build bridges.

LEGO JUNIORS CREATE & CRUISE Ideal for slightly older preschoolers, who can create and build their own vehicles, and play games for coins.

CHILDREN'S ANIMAL JIGSAW PUZZLES FOR KIDS (ESPACE PTY LTD) Complete puzzles while learning about wild animals, farm animals and hearing their sounds. There are three levels of increasing difficulty.

SOUNDTOUCH A charmingly simple app for little kids. Touch the illustration of an animal to see it accompanied by the animal's noise.

FIVE LITTLE MONKEYS Based on the song *Five Little Monkeys Jumping on the Bed*, this app is perfect for littlies and teaches them counting, maths skills and colour recognition.

ENDLESS ALPHABET Teaches the ABCs and builds vocabulary with interactive puzzles.

ALPHA TOTS Teaches toddlers the alphabet through fun games, puzzles and tasks, using cartoon animations and sounds to match.

MY PLAY HOME A highly interactive virtual doll house, which teaches kids creative play. It's engaging for kids from two upwards, and kids can build a variety of family types from the many options available.



BUT I WANT MY BLANKY!

When and why should you say goodbye to the beloved security blanket, and how?

BY MARGOT BERTELSMANN

In 1988 Mike And The Mechanics sang, "Every generation blames the one before." Generation Xers and Baby Boomers often feel their parents were hard disciplinarians, to blame for certain emotional deficits we sense in ourselves. After all, we feel, life is hard enough, so if a dummy brings a child some comfort, what's the harm? But the backlash to "permissive parenting" popular today is that our parents, broadly speaking, can feel our babies are mollycoddled and overindulged, what with all that tending to them immediately when they are distressed, feeding them when they are hungry instead of on a schedule, lots of physical contact and attention, and giving them dummies and blankies to help them settle at night.

Grandparents' derision seems to come into focus strongest when they see a dummy. Oh, how they hate them! But if an ancestor's ever told you, "In our day we didn't have these newfangled things," they're not being quite truthful. In the 1950s cartoon strip *Charlie Brown*, the little boy Linus is never seen without his (rather dirty) blanket, which he called his "security and happiness blanket". True, marketers today are enjoying a boon with tagged and textured and coloured and decorated and embossed and embroidered lovies, snuggles, sleeping bags, teddies and blankies, but enterprising children have since the dawn of time been able to suck on a thumb or chew their hair or latch on to a piece of cloth their parents didn't even know was a comfort object.

A NECESSARY COMFORT

Why do kids fall in love with their comfort objects? Researchers in a 2007 study suggest that it is common for children to imbue a treasured object with a "life force" or symbol outside of what we rationally know it has. Says study author professor Peter Hood: "If there was a machine which copied a favourite object in every way down to atomic level, we would still prefer the original. It has an essence to it. This experiment suggests this is an intuitive process. We anthropomorphise objects, look at them almost as if they have feelings. The children know these objects are not alive but they believe in them as if they are." So widespread is this need that up to 70 percent of Western children, who usually sleep alone in their rooms, form attachments to comfort objects.

The English psychoanalyst and

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paediatrician Donald Winnicott first used the term "transitional object" in an academic context in 1962, when he theorised that children use these objects to help them when they begin to realise, around the age of eight months or so, that they are separate beings from their mothers and also that they are dependent on others for care. Before this, Winnicott says, infants can feel all-powerful; when they cry, their needs are met – they therefore think their thoughts and wishes "control" the mother. But eventually they need to feel the frustration, and anxiety, and loneliness, and other pains of separation. The comfort object is the first "not-me", which belongs to the child and is still under the control of the child. So it plays an important role in helping the child manage this maturing and separation.

> "THE COMFORT OBJECT IS THE FIRST 'NOT-ME'"

Researchers led by Richard Passman in the US found that security blankets had a host of emotional benefits for the children using them: they helped children adapt to new situations, aided in their learning, and helped them when being evaluated by doctors and psychologists.

If your child is holding on to a comfort object, feel reassured: your clever offspring is making his or her way through the appropriate developmental stages, and is enterprising and creative enough to seek a salve for his emotions. Good for him! **YB**

BUT DOES HE REALLY NEED IT? YOUR QUESTIONS ANSWERED

CLARE HARVEY, CLINICAL PSYCHOLOGIST

HOW LONG DO CHILDREN GENERALLY HOLD ON TO THEIR COMFORT OBJECTS?

"I think they should have them for as long as they need to. A child's most important task in the first years of life is to learn to trust. If they need help to make use of a dummy or blanky in order to feel safe while away from their mommy, until she returns, then that is what they should be allowed and encouraged to do. In this way the separation from Mom feels a little bit more manageable and they begin to trust that Mom returns. Eventually this trust radiates to other people and they learn that it is appropriate and okay to rely on others."

SHOULD ONE ENCOURAGE A SEPARATION FROM A SECURITY BLANKET OR DUMMY?

"I don't think it is necessary. Children will drop their objects when they are ready to. Sometimes dummies can be swopped for something more 'age appropriate' if the child is using it past the age her parents are comfortable with. But if you do that, it is important to give the child something else to use for comfort instead."

IS THERE A "TOO-LONG"? IS THERE A "TOO ATTACHED"?

"I would suggest a visit to a psychologist if the child cannot go to formal schooling without the object."

WHAT DAMAGE CAN IT DO IF A CAREGIVER OR GRANDPARENT FORCIBLY REMOVES THE OBJECT?

"I believe this can be very damaging, which is why I recommend the idea of swopping it for something more age-appropriate, such as a teddy."

SOME PARENTS DON'T LIKE TO USE A DUMMY FOR TOO LONG AS IT CAN IMPACT ON JAW AND TOOTH DEVELOPMENT. WHAT STRATEGIES FOR LOSING A DUMMY DO YOU ENCOURAGE?

"The dummy fairy/mouse (similar idea to the tooth fairy/mouse) can come and take it one night – and, importantly, leave a substitute in its place. Of course this has to be done with warning and hopefully get the child on board – it's an exciting time, and perhaps the child can help you buy the box to put the dummy in by their pillow. Be sure to talk about and praise your child about how big they getting, and so on, first."

WHAT I WISH I'D KNOWN THEN...

1 **BUY TWO** You may not be able to control which object in the house your child falls in love with. But try your damnedest to steer baba towards the one you've preselected. The one you have an exact duplicate of. Because when that blanky goes missing on your first flight with your child, your life will not be worth living – unless you have a cunning spare up your sleeve, that is...

2 **BUY WASHABLE** At night, after your child has gone to sleep clutching blanky, sneak into his room and remove it. Place the manky blanky into the washing machine and place the identical replacement blanky (point 1) with your child. Tip: do not try to do this while child is awake.

3 **BUY INTO IT** Don't fight your child's attachment to the object. It's doing a job helping your child individuate. And if nobody's stressed about it, the whole family will feel happier and everyone's anxiety will abate – which also means you'll "lose" the object sooner (if you are still caring by this stage).

Image: Jupiter Images



MOROCCAN MYRRH SHAVE SOAP FOR DAD
R550 Crabtree & Evelyn stores

SHOPPING TIPS

BY JULIA BOLTT

A bit of clever shopping is all you need to bring down the monthly costs of raising a family

It's hardly a secret that raising children is an expensive endeavour – and the costs are rising every year. But with some clever strategies in the aisles, you can shave money off your monthly budget and top up that education fund.

PLAN AHEAD

One of the most wasteful habits many of us have is impulse buying – whether it's that extra bag of apples in the fresh produce section or tossing in a packet of lettuce because it's on special. After all, if you buy food items without knowing how or when you are going to use them, chances are that they'll be that grey, sludgy ooze you're rinsing out of your vegetable drawer next weekend.

Planning ahead is one of the simplest and easiest ways to avoid buying items that are likely to rot before getting used. By planning a weekly menu, and then shopping with a list in hand, you're far more likely to stick to only what you need. Retailers like Typo and online stationer Macaroon (*www.macaroon.co.za*) have fantastic weekly planners that make it all much easier to map out a shopping list you can stick to. Even if you switch your meals around during the week (for example, macaroni cheese on Thursday instead of Tuesday), you'll still come out ahead because you're more likely to use everything you bought without having to fit in a midweek shop.

SCOUR THE SPECIALS

One of the biggest expenses for parents is disposable nappies. Even purchased in bulk, they're a significant monthly cost. Get into the habit of reading the newspaper inserts that show the big retailers' weekly specials – you'll be surprised by how much of a saving you can make.

BUT BE ALERT

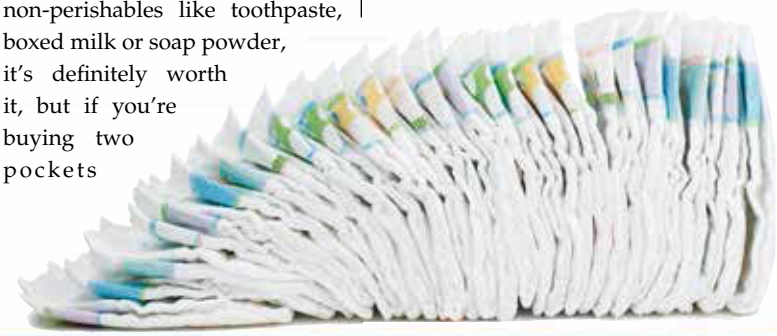
Retailers love to offer Buy One, Get One Free offers, or discounts when you buy more than one item. They may seem tempting, but first consider whether you'll use it all in time to reap the rewards. If it's a special offer on non-perishables like toothpaste, boxed milk or soap powder, it's definitely worth it, but if you're buying two pockets of potatoes when your family only eats potatoes twice a week, it's unlikely that this is a good buy so don't do it.

BUY IN BULK

The thought of facing mass stores like Makro may leave you cold but buying some items in bulk is a great way to save, provided you have some storage space available. Bulk non-perishables such as cleaning products, toilet paper, pet food, nappies and tinned goods can provide decent savings on your monthly shop and save you those annoying (and expensive) midweek dashes to the shops for basics – because we all know that those little excursions invariably lead to unnecessary purchases.

NO NAME? NO PROBLEM

Do you automatically assume that no name or house brands just aren't as good as branded products? You might just be



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FACT: ACCORDING TO STATS WEBSITE EIGHTY20, FOOD ACCOUNTS FOR 40 PERCENT OF TOTAL EXPENDITURE ON AVERAGE IN HOUSEHOLDS THAT HAVE A PER CAPITA INCOME OF LESS THAN R20 PER DAY

wrong. Try employing this clever shopping trick suggested by *www.moneysavingexpert.com* – the next time you shop, trade one of your usual branded products for the no name or house brand item instead. If you can't tell the difference in taste between the branded product you usually use and the house brand product, then why spend money on a name? Another hot tip is to buy the house brand cleaning products – the potential saving on items like household cleaners and washing powder adds up if you're maintaining a household.

NO, REALLY – DON'T GO SHOPPING WHEN YOU'RE HUNGRY

Yes, this does seem like an absolutely common sense piece of advice, but it's also true. A research study recently confirmed that people who shop while they're hungry are far more likely to buy high calorie foods. You're also far more likely to buy items that are not on your list and stock up on unnecessary snack food when you're hungry – all of which can make a dent in your wallet.

HIT THE SALES

When your children are small, you have a window of opportunity where they're less likely to dictate what they want to wear. Use it wisely because it won't last! Often, children's clothing sales offer fantastic discounts. For example, Naartjie's end of season sales offer discounts of up to 50 percent off. Other retailers have equally awesome seasonal specials. The trick here is to buy for the next season, in the next size up for your child – if they're currently in a 2 to 3 size, get the 3 to 4 size. When next summer rolls around and they've suddenly outgrown all of last season's clothes, you'll have a handy stash in the cupboard and no reason to hit the shops at full price.



Shopping mall sales are also a great way to stock up on low cost toys, games and accessories for birthday parties. Places like Typo, Woolworths, Cotton On and CNA also offer toys, clothes and accessories at great discounts during their annual sales. Having a bag full of presents at the ready (hidden away carefully, of course!) will save you again and again when birthday parties crop up during the year.

GET COMPARATIVE

If you're planning a big-ticket purchase, use a price comparison website (try *www.pricecheck.co.za*, *www.uprice.co.za* or *www.shopmania.co.za*) to see whether your chosen item is cheapest at the retailer you'd normally go to, or whether it's on special or simply available at a lower price somewhere else. A bit of online research can make a big difference to your outlay. Another good idea is to sign up for the weekly newsletters from big retailers so that you'll see their specials first and be able to react fast.

Some retailers, like DionWired, offer online only discounts on a specific day, which is another great way to make significant savings on big ticket items.

SHOP ALONE!

Of course, it's not always possible or practical to shop without your children, but if you can arrange to shop while they're at playschool or leave them with granny or a nanny, shopping on your own is not only a quieter, faster and altogether more enjoyable experience, it's also going to make it so much easier to stick to your list and avoid purchases of all the unnecessary sweetie items that line the "till queue of temptation". **YB**



SPINDEL R1 599
Selected appliance stores



dry laundry without electricity!

The return of AUNT FLO

BY YOLANDI NORTH

Your regular (often unwelcome) monthly visitor will eventually return after you have had your baby. Here is what you need to know for that first period after baby

One of the upsides of pregnancy is that you don't have a period for nine months. An added bonus for breastfeeding moms is even more time without a visit from Aunt Flo. But she does, eventually, make her return.

When quizzed about post-pregnancy periods, medical professionals are hesitant to give hard and fast rules, purely because each women's body is so unique. "No two women will have exactly the same postbirth experience when it comes to periods. The only thing that is for certain is that postpartum periods are completely unpredictable," says Dr Peter Koll, gynaecologist and obstetrician at Sandton Mediclinic. "There are so many scenarios that are all normal. As long as it is not a nuisance or dramatically impacts your quality of life, then do not stress." If you are concerned though, you should consult your doctor.

REMEMBER
Every woman is different. If you are concerned about bleeding or your period, follow your gut and consult your gynaecologist or midwife

BLEEDING AFTER THE BIRTH

Directly after your delivery – even in the traumatic event of a stillbirth – you will experience a much heavier period than normal, called lochia (the lining of the womb). "Bleeding starts out bright red then becomes dark red, then brown and eventually turns a khaki colour. It can continue until six weeks," explains Dr

FACT: EVEN THOUGH EXCLUSIVELY BREASTFEEDING DELAYS THE RETURN OF YOUR REGULAR PERIOD, YOU CAN FALL PREGNANT. RELYING ON BREASTFEEDING AS A CONTRACEPTIVE OFFERS YOU ONLY A 94 PERCENT CHANCE OF AVOIDING PREGNANCY

Koll. "Women who have had a c-section might experience slightly less post-birth bleeding because the uterus is cleaned out with a swab after the procedure." Blood clots should only appear for around 48 hours after birth, so if you still notice clots thereafter, speak to your doctor.

During this time, only maternity or sanitary pads are recommended. Stay away from tampons that can block the blood flow and possibly lead to a growth of bacteria and ultimately an infection. Tampons only get the nod once you have your first real period again – the period you get for the first time after this lochia. Thicker, more protective maternity pads should do the trick. Change these often to stay fresh. If your discharge is not heavy, normal sanitary pads could also do. Some women experience bleeding for up to six weeks after birth. The discharge will have an odour, but a really offensive one is cause for concern and should be checked out, warns Dr Koll.

> "POSTPARTUM PERIODS ARE COMPLETELY UNPREDICTABLE"

WHEN WILL YOUR NORMAL PERIOD RETURN?

A general rule is: the longer baby spends on the breast, the longer your period will take to return. If your baby is on a combination of expressed bottle and breast feeds, your first period can return five to six weeks after birth. Exclusive breastfeeding could mean that your first red letter day will only return once you have completely weaned your baby, which is your body's way of preventing you from falling pregnant while you have a very tiny baby.

No matter what various online forums and well meaning women will tell you, breastfeeding is not a sufficient contraceptive, simply because you can still ovulate two weeks before having a period. Ovulation and menstruation does not always take place together. You could have the one without the other.

You can continue breastfeeding even when your period starts again. If, once you have stopped breastfeeding, your period has not started again within eight weeks, contact your doctor.

While few women exalt its return, some good news is that many women experience less painful periods after having a child. Dr Koll attributes this to less pelvic congestion following birth. **YB**

Did you know?

WHEN YOUR BABY SUCKLES, SIGNALS ARE SENT TO THE PITUITARY GLAND TO RELEASE PROLACTIN. IF YOU BREASTFEED FREQUENTLY ENOUGH SO THAT THERE ARE HIGH ENOUGH LEVELS OF PROLACTIN (OF WHICH THE THRESHOLD IS UNIQUE FOR EACH WOMAN), OVULATION CAN BE SUPPRESSED. BREASTFEEDING COULD ALSO LOWER YOUR LIBIDO – BECAUSE OF PURE EXHAUSTION, OVULATION AND POSSIBLY ALSO FEELING LESS THAN ATTRACTIVE FOLLOWING THE BIRTH.



CONTRACEPTION WHAT & WHEN

Various factors are considered when making a decision about a suitable contraceptive after birth. It is therefore important to discuss this with your healthcare practitioner, because your needs might have changed. Some women who used oral contraception before pregnancy, might opt for the Mirena (an intrauterine device or IUD) now that the cervix is slightly stretched due to pregnancy and birth. Or you might fear that your new unpredictable lifestyle will make you forget to take your pill.

The likelihood that you will ovulate in the first six weeks post birth is extremely low. The majority of women are not sexually active for the first few weeks after birth due to bleeding and general need for recovery, so most gynaecologists will only discuss and prescribe a contraceptive at your six week check-up. But if you are serious about not getting pregnant again soon, do not rely on breastfeeding as a method of birth control. Dr Peter Koll, a gynaecologist and obstetrician at Sandton Mediclinic, recommends additional contraception (such as condoms) for lactating mothers as soon as you become sexually active. Estrogen during breastfeeding is a no-no, making the mini pill (progestin only), contraceptive injection or progestin-only implant (Implanon) suitable options for lactating moms. An IUD is perfectly safe to use for nursing moms and it can be inserted straight after your caesarean section, says Dr Koll.

Women who decide not to breastfeed at all are advised to start with a contraceptive as soon as two weeks after the birth.

If you do breastfeed, you will use one type of contraceptive while breastfeeding. Once baby is weaned, you might need to revise your contraceptive – depending on what you were using. Dr Koll recommends that you start your usual contraceptive again two weeks before you stop breastfeeding completely. This will not harm your baby. If anything, it could reduce your milk production, which could make weaning a bit easier.

Image: Jupiter Images



COSY CHIC

This winter it's all about comfort and texture

Photographer Aubrey Jonsson **Stylist** Jess Lupton **Makeup** Kelly Fuchs
Model Mathapelo from G3 Models



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WEAR YOUR BERRIES

Not just a superfood boost, these fruits inspire a great look for winter



Photographer: Aubrey Jonsson

1 Sparitual Nail Lacquer in Fusion **R147** selected spas and salons **2** Palladio Matt Blush in Bayberry **R89.95** exclusive to Dis-Chem **3** Revlon ColorStay Gel Envy in Queen Of Hearts **R110** selected pharmacies and retailers **4** Catrice Velvet Matt Eyeshadow in Al Burgundy **R69.95** selected Dis-Chem pharmacies **5** Revlon Ultra HD Lip Lacquer in Carnellian **R145** selected pharmacies and retailers **6** Palladio Herbal Lip Liner in Plum **R49.95** exclusive to Dis-Chem **7** Crabtree & Evelyn Nail Lacquer in Aubergine **R160** Crabtree & Evelyn stores and selected Dis-Chem pharmacies **8** Almay Smart Shade Butter Kiss in Red **R110** selected pharmacies and retailers **9** Catrice Infinite Shine Lip Gloss in Berryland **R52.95** selected Dis-Chem pharmacies **10 & 12** Wet n Wild Color Icon Eye Shadow Collection in Petal Pusher **R99.95** selected Clicks stores **11** Broadway ImPRESS Press-On Manicure in Superstar Scandal **R129.95** selected Dis-Chem, Clicks and Foschini stores

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PRAMS VS STROLLERS

The vexing question of "What is the difference between a pram and stroller?" is one that many a parent and parent-to-be has asked themselves over the years! Surely, both are words used to describe the same thing – something your push your baby around in? The fact is that there is indeed a difference between the two. After all, things have come a long way since the first perambulator (which is where the word pram comes from) was created in 1733, for the Duke of Devonshire to carry his children in.

Simply put, a pram is for babies who are small and need robust support through loads of padding and panelling, while also offering the option to lie completely flat. A stroller, on the other hand, is used for toddlers who need a little less support. Both solutions give the parent freedom and control, and a handy place to hang your handbag and store those extra nappies.

Whatever your needs are, be sure to check out a full range of baby products at www.babystylesa.co.za, where you can also buy new colour packs to update your existing travel system.

One lucky winner will walk away with the Babystyle Oyster 2 Travel System, which includes the pram, carry cot and car seat in an exciting design, as well as a black changing bag and set of foot muffs. Choose between Humbug (shown), Navy Blue, Tomato, Lime, Black or grape – and between a black or mirror chassis.

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BY LORI COHEN

MOMS ON THE MOVE

Getting back into shape after having a baby can be daunting. To help you get back in action, we've discovered four options that are fun, exhilarating and even baba-friendly

Now that your baby is here, you've been planning on adding exercise onto your to-do list, right? But for a busy new mom starting a fitness routine can be daunting and impractical. Will you be able to breastfeed in your gym's locker room (yuck!), and can you face placing your new wobbly bits in a class surrounded by toned gym bunnies? But getting some exercise should be a priority and can help you regain a sense of control over your body, increase your confidence and give you contact with the world outside your baby's nursery. On your marks, get set, go…

ADVENTURE BOOT CAMP

If you want to kickstart your weight loss and fitness journey, Adventure Boot Camp (ABC) is a great option – you get to exercise outdoors with a group of other women, making it a fun and motivating experience, where everyone works at their own pace. No sweaty gym equipment required – each 60-minute workout uses objects in your environment to fuel your moves. This could mean running around a sports field or doing press-ups on stairs.

HOW SOON CAN YOU START?

"Provided you've had an uncomplicated vaginal birth, you can start as soon as you feel up to it. With a caesarean birth, six weeks is the advised recovery time," says Chirene Wiid, Adventure Boot Camp franchise owner and trainer, Kyalami ABC.

THE BENEFITS

Apart from the physical benefits (ABC promises a three to five percent weight loss after four weeks), you'll feel the mood-lifting buzz you get as a result of the endorphins your body releases when you exercise.

WHAT DOES A CLASS LOOK LIKE?

Adventure Boot Camp is structured in such a way that the full body is targeted. A typical week runs as follows: Mondays – full body, Tuesdays – upper body and core, Wednesdays – cardio and legs, Thursdays – full body again and on Fridays – upper body and core. All of the classes are different and trainers never repeat the same workout during camp.

NEED TO KNOW:

ABC has three packages to suit everybody's lifestyle and pocket: one, three or five days a week over the four-week camp. To find a franchise in your area, visit www.adventurebootcamp.co.za

GET INTO THE SWING OF THINGS

POLE DANCING

Put your preconceptions aside – pole dancing is fun, not necessarily sleazy. Your body confidence can be at an all-time low post-pregnancy, and Natasha Williams of BodyMind Studios believes that pole dancing is the ideal way to get in touch with, and love, your body again. "It's quite a workout, but because you're having so much fun you don't really notice it," says Natasha.

WHAT DOES A CLASS LOOK LIKE?

Each 45-minute class starts with an aerobic warm up, and then an instructor teaches a few moves, ending the class by putting the moves together to form a routine around a pole. "At the end of each class you are able to perform a routine to the music," says Williams.

THE BENEFITS

Classes target your core and upper body strength. "While it builds strength, it's also a great cardio workout. Because you are building muscle so fast, you burn fat quicker. At the gym you may be lifting a 2kg bar – but at pole dancing you are lifting your entire body weight," says Natasha. While losing weight and toning might be your initial goal, Natasha says regaining body confidence – and feeling sexy again – is even more exciting. "It's about learning to stand up straight and move gracefully and sensually," she says.

NEED TO KNOW

You can bring your baby along to the class, "but most moms choose to use it as me-time," says Natasha. Start off slowly with two classes a week (R490 per month) or jump right in with four classes (R610 a month). Email natasha@bodymind.co.za for details. There are studios in Boskruin, Rivonia and Fairlands in Gauteng.

HIT THE BARRE

ADULT BALLET CLASSES

Instructor Tracy Laughton of Body Balance Dance Studio in Parklands in Cape Town picked up ballet again six weeks after her c-section by working out at the barre and realised her daughter loved the music and interaction. "It became a great bonding experience for us, so I decided to offer the service to other new moms," says Tracy.

WHAT DOES A CLASS LOOK LIKE?

There are classes for each age group of baby – under three months, three to six months, and six months to a year. "Each class starts with a gentle warm up followed by time at the ballet barre exercising with your baby on you in a pouch or sling," says Tracy. Classes are casual, and moms can take time out to feed their babies or settle them. When babies are at the crawling stage, a class may involve exercises on the floor, or dual exercises where you stretch your arms by lifting your baby – so you both get a workout!

THE BENEFITS

While you may feel the loosening of ligaments that comes with pregnancy gives you bonus flexibility, Tracy says this is actually a weakness, so classes focus on rebuilding your body's strength. Building your core strength also takes the pressure off your back, which takes strain when breastfeeding and carrying your baby. "Just getting out of the house with your baby and spending time with other moms trying to get fit again has many benefits too. It gives you a great support system. The classical music helps you build something really special with your baby as well," she adds.

NEED TO KNOW

You don't need to have done ballet before to join. Classes cost R320 a month or R100 per class. Email tracy.dancing@gmail.com for more.

GET INTO A TWIST

MOMMY AND BABY YOGA

Increasing numbers of pregnant women are turning to yoga during pregnancy because of its gentle approach. But yoga teacher J'anaki Ra of Yoga Mama says that the first four months after birth are an ideal time to take it up to help ease anxiety and tension.

WHAT DOES A CLASS LOOK LIKE?

If you have had a c-section and are not ready to exercise, you can perform yoga routines on your baby only. "Each 45-minute class is very dynamic and we go with the baby's flow," says J'anaki. "So if most of the babies are restless, a class may begin with standing work so the moms can 'lala' the babies to calm them down and give them time to get used to the environment of the class."

THE BENEFITS

Classes include baby massage and movements to help mobilise their joints. Movements to stretch out their spine or hamstrings help them to prepare for crawling and walking. "Moms tell us that their babies sleep beautifully after a class, or are less colicky," she says. A form of meditation you can do while feeding your baby is also practised. "The connecting meditation helps moms become more in touch with their babies needs on a heart level and they can read the baby's signals more easily and more calmly." And of course, that pelvic floor of yours gets a lot of attention in the classes to help you regain strength and body tone.

NEED TO KNOW

J'anaki says attending classes once a week is enough. Classes are offered at Yoga Mama Broadacres and Genesis Birthing Clinic and cost R600 a month. For more information email janaki@yogamama.co.za.

Image: Jupiter Images

SUGAR AND SPICE AND ALL THINGS BRIGHT

A FRESH-FACED ROOM FOR A LITTLE CUTIE



WORDS JOANITA CILLIÉ, PHOTOGRAPHER ANGIE LAZÁRO





Little Catalina Luz de Sambento is not really a "pink girl", and mom Renee is a big fan of Tiffany blue and bright neons – this is what Renee incorporated when it was time to decorate her daughter's new room. The room is light and airy, so while sheer curtains are used to control the levels of light and to give privacy, they still reveal a beautiful view of the green belt next to the property.







The de Sambentos have only recently moved into their new house in Cape Town, and Renee still has a few décor plans and ideas up her sleeve. What she's used in the room so far include items from Collerette, Country Road and Kids Living. No matter what lies ahead, Renee's focus is to create a room that can change with Catalina as she grows in the years to come.







GET THE LOOK

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Bunny pillow on the bed from Country Road. The rest of the pillows on the bed, star pillows on the floor, star garlands, colourful ball lights and bunny night light are all from Collerette (www.collerette.co.za).

I WENT PHONE FREE AND WON'T GO BACK

The challenge: seven days and a no-phone zone at home. Can it be done? Here's how this mom survived

BY MELANY BENDIX

In the first few months of my daughter's life when I was on maternity leave, my phone hardly featured in my day to day activities, except to make an occasional call. I went from checking multiple social media pages throughout the day and being contactable at all times to being completely cut off from all of that: I was deep inside the baby bubble, and blissfully so. "Twitter be damned," I thought. "There's nothing out there that's worth missing these moments for. Nothing."

Nice and idealistic as that sentiment was, it didn't last too long after I got back to work. Within what seemed like an instant, the baby bubble was burst and I was plugged straight back into the mainframe, 24/7. Still, I made a valiant attempt to limit my phone to "work time" and to be with my daughter 100 percent during "home time".

REASON TO UNPLUG

With working from home on flexi hours – often with clients in different time zones and after hours if the job demands it – those lines began blurring more and more each day, and soon my phone was always within reach. I realised it had become a serious problem when, at 18 months, the first thing my daughter would do after having her morning bottle was go to my bedside table, unplug my phone, and hand it to me with a questioning "phowwwwwn"?

Later that day I was watching one of the hundreds of video clips I take of her, lest I miss a moment of her development, and what I noticed was the cruellest of ironies. I didn't notice she was telling me she needed to wee. I watched another video clip and then another, same thing. She was trying to show me new things (and saying words I swore I'd never heard her say before), but I was so engrossed in capturing the moment that I missed it all.

That was it, the tipping point: no more phone during "home time", not for a whole week – and I stuck to it.

WHAT IT WAS REALLY LIKE

Sure, it was tricky sticking to the challenge I'd set myself. My daughter kept bringing me my "phowwwwn" for the first three mornings and I had to eventually hide it in a drawer, which I kept glancing at, like an addict knowing her fix was just within reach. I itched to check the messages that had come in overnight from colleagues in different time zones and I had to constantly restrain myself from taking "just one quick photo/video". But day by day it got easier and I craved my phone less. As I spent less time thinking about not using it and more time just being with my daughter, this is what happened:

✓ My daughter became calmer and less demanding, probably because she didn't have to act up to get my attention. Instead of whining when she wanted something, which she had begun to do with grating frequency, she began simply saying "mama" in a soft voice.

✓ Now that I was having more "face time" with her, I began to be more in tune with what her facial expressions meant and, with that, what mood she was in. After three days I could more easily see when she was frustrated or understand more quickly what she wanted, and thereby avert a tantrum or her biting out of frustration. Her tantrums, which previously were taking place at least once every three days, stopped completely (not one… so far).

✓ She told me more reliably when she needed to use the bathroom, something that had become a 50/50 before (or was it rather a case of me being too glued to my mini screen to notice when she was telling me 50 percent of the time?).

✓ I began observing more of her developmental progress, like how she's rapidly figuring out shapes and sizes – something I hadn't noticed with one eye on the screen.

THE VERDICT

This was all in only five days; I didn't need another day to convince me to turn a week-long challenge into a life-long challenge. I now have new rules firmly in place: the phone gets put away in the mornings before work and during dinner, bath and bed time. Over weekends it's a bit harder to have no phone around when I'm with her the whole day, but I still stick to the no phone in the mornings and evenings rule.

> "SHE WAS TRYING TO SHOW ME NEW THINGS, BUT I WAS SO ENGROSSED IN CAPTURING THE MOMENT THAT I MISSED IT ALL"

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STAYING THE COURSE

When I'm tempted to break my own rules, I've managed to get back on the no phone track by reminding myself of the five key lessons I learned during this week:

1 You don't have to document every single moment. More importantly, you don't have to share that photo or video immediately with your family or 550 close friends on Facebook. It'll still be cute and get a million "likes" if you post it later.

2 It's delusional to think you can be 100 percent focused on your child every second they are in your care. Not only is that physically impossible, it may not even be good for them to have your undivided attention all the time. After all, how will they ever learn to problem solve, discover their own interests or gain independence if you're hovering over them all the time?

What's more important than watching their little faces in rapture every waking second, according to the research, is being a "responsive parent". The World Health Organisation defines responsiveness as a "mother's/caregiver's prompt, contingent and appropriate interaction with the child. It is a vital parenting tool with wide-ranging benefits for the child, from better cognitive and psychosocial development to protection from disease and mortality". Or, to put it more simply, aim to be aware when your child is looking for your attention, or be alert enough to know when she needs it, and give it to her.

3 It's equally unrealistic to keep your kids in a device-free zone forever, not unless you live off the grid somewhere far away from it all. But you can be strict about setting no device times. Mealtimes are great for that, and in fact recent research shows dinner times are among the most important times to be present and engaged with our children and families.

4 If you live your life glued to your device don't complain when, in 10 years' time, your child is ignoring your attempts to find out how their day was while they scan their device. Monkey see, monkey do. It's as simple as that.

> "YOU DON'T HAVE TO SHARE THAT PHOTO OR VIDEO IMMEDIATELY WITH YOUR FAMILY"

5 Most importantly, the digital world and everyone else can wait. No, really, they can! It's okay not to answer messages straight away (99 percent of the time), no one will notice if you haven't tweeted for two hours and nobody really cares that you haven't liked a post yet. Above all, remember that the Earth will not stop turning if you unplug for a few hours a day so you can stay dialled in to your kid. **YB**



DIAL 911 FOR ATTENTION

Two recent US studies shed some light on how our addiction to our phones is cannibalising quality time with our kids.

In December 2014 Highlight's annual State of the Kid survey found that more than 60 percent of children between the ages of six to 12 feel like their parents are distracted by something when they are trying to talk to them, and cell phones were cited as the main culprit. Sadly, only 33 percent of the kids surveyed said their parents would put down their cell phones at the dinner table and focus on talking to them.

In March 2014 researchers from the Boston Medical Centre undertook a study where they observed caregivers of children at fast food restaurants. Out of 55 caregivers studied, 40 were using their mobile devices to such an extent researchers reported that their "primary engagement was with the device, rather than the child". In many cases, the caregivers expressed irritation when the children tried to get their attention. One observer watched a woman push a small boy away as he took her face in his hands in an attempt to get her to look up from her tablet.

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AS TOLD TO MARGOT BERTELSMANN

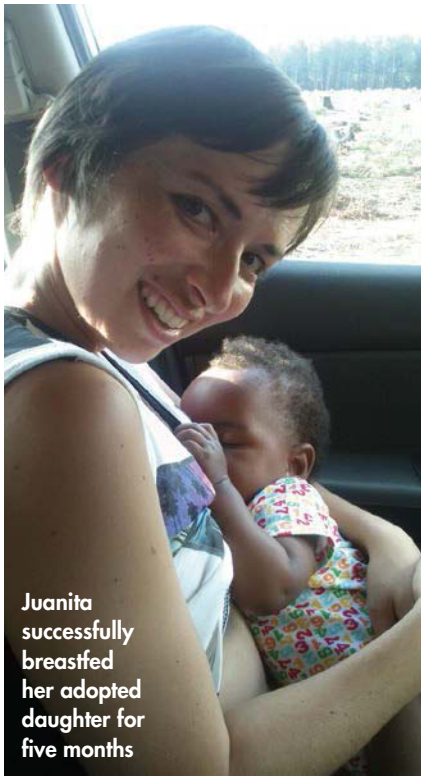
I BREASTFED MY ADOPTED BABY

Juanita Fourie of Piet Retief in Mpumalanga shares her story of relatching success

I married my husband, Llewellyn, in 2010. We wanted children, but we also knew I had polycystic ovarian syndrome (PCOS), so we started on our road to fertility straight away. I eventually underwent a procedure called ovarian drilling to laser the cysts and have endometriosis scarring removed. I fell pregnant immediately afterwards, and in April 2012, our son Luan was born.

I breastfed Luan for nine months, then stopped as we were ready to start trying for our second child – knowing we ideally wanted a small age gap, but that becoming pregnant again could be difficult, we were in a rush.

My medical prognosis had not improved. After praying about the situation, we decided not to have another operation, but to pursue adoption instead. I had always wanted to adopt children in any case.



Juanita successfully breastfed her adopted daughter for five months

THE DECISION TO BREASTFEED

By the time we started our interviews with some private adoption agencies by March 2014, I had already decided that I wanted to try to breastfeed my adopted child. As a dietician, I know that breastmilk is the best start you can give your baby – I also thought it would be good for creating a bond with our new baby. We stipulated that we wanted a child as young as possible for that reason. In South Africa these days it is not possible to adopt a child before 60 days old, as this is the amount of time a birth mother has to change her mind about adoption. So we knew we wouldn't get a newborn.

Studies have shown that it is possible to teach a three- to six-month-old non-breastfed baby to latch; with a six- to nine-month-old, it is still possible but you are unlikely to succeed; and after nine months the baby will not be able to learn to latch anymore.

We also wanted a girl – and of course with adoption, luckily you get to choose! I started buying baby clothes, going on the adoptive parenting course that our agency – the wonderful Abba Adoption Home in Pretoria – mandated, and prepared myself for the waiting period of anywhere between three months and two years for our baby girl to come to us.

I also read up on relactation and induced lactation. Because I had breastfed my son less than two years previously, I would be officially relactating, whereas an adoptive mother who has never breastfed before would have induced lactation.

Photography: Professional photos by Anné Nieuwenhuizen of Love Shots (anne@loveshotsphotos.co.za). Other photos supplied by family

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Lulanie, Juanita, Llewellyn and Luan are a happy, healthy family

ALL THE STEPS TO SUCCESSFUL RELACTATION

Relactating is quite a process. The contraceptive pill mimics pregnancy. So first I had to go on the combined pill, skipping the placebo week (the placebo week is what starts your "period") – which adds up to nine weeks straight of hormonal intervention. After that the woman must go on Eglynol or Domperidone – both are drugs which increase lactation by increasing the production of the hormone prolactin. Within a short three days (the average time is two weeks), I started to lactate, and express my milk.

It starts off slowly: first you get 5ml, then 10ml. By the time I was pumping 50ml at a time, I started freezing my milk, as properly stored breastmilk can be frozen for up to six months in a deep freezer. Ideally you are supposed to pump every two hours and also pump at night – something I just didn't do, as I still had a very small Luan to look after day and night, and I would have been too tired.

MEETING OUR LITTLE GIRL

Then the call came that there was a baby for us! Finally, on 15 September 2014, the day dawned, and we could go and fetch our baby girl in Pretoria. We named her Lulanie, and she came to us the day before she turned five months old.

On the long drive home to Piet Retief, we stopped at the Spur in Bethal for lunch. Lulanie cried, and I took her to the baby changing station to change her nappy – and then I thought I would try to offer her the breast. Amazingly, she latched right then and there!

NURSING SUCCESS

My husband and I are both dieticians at the Piet Retief Government Hospital, and I received eight weeks of maternity leave. During that time, I breastfed Lulanie day and night. The night feeds were always easy. This was good because prolactin is secreted at night, so if you empty a breast at night you help keep your milk supply up.

The day feeds weren't quite as easy though – Lulanie was biting down on the breast, which is a common thing for bottle fed babies to do to get the milk to come out faster, but it was irritating me and not good for our bonding. So I gave her bottles of expressed milk in the day and breastfed her at night.

I continued like this after I went back to work, and eventually stopped breastfeeding in January 2015, so she had about five months of a breastmilk diet. I am happy with that. I was prepared for the fact that my baby would have to have mixed feeds (made up of both formula and breastmilk), which is fine unless a mother or baby is HIV+. As a dietician I know any amount of breastmilk is better than none. Recent studies have shown that breastmilk even helps with gene expression – so it can encourage good health even at the genetic level, as it encourages good or strong genes to succeed – and I am proud of what we have achieved.

A HAPPY FAMILY

On the whole our family and friends have been supportive of our breastfeeding journey. The biggest challenge is that people still think of breastfeeding as something that should be done in private and away from prying eyes, which is why I think exclusive breastfeeding for the first six months is so rare in South Africa. I really think it's time that people changed their mindsets and educated themselves about the benefits of breastfeeding, and learnt how to support women in a community to breastfeed

Lulanie is now a happy, talkative baby. She started walking at 10 months, she loves to dance, and she has started speaking Afrikaans, which also delighted us and helped us bond with her, as she was really literally speaking to us in our language now.

Would I repeat this process with another baby? Absolutely yes, I would. It was a success. My advice for other parents contemplating relactation or induced lactation, though, is to consult the experts and get good advice and counselling. Get a lactation expert to help you and make contact with the La Leche League South Africa. This will highly increase your chances of success. **YB**

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BRUSH HAIR 							
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